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London

July 1872

"Cash Account"

"Be frugal: pay as you go"

1750



7

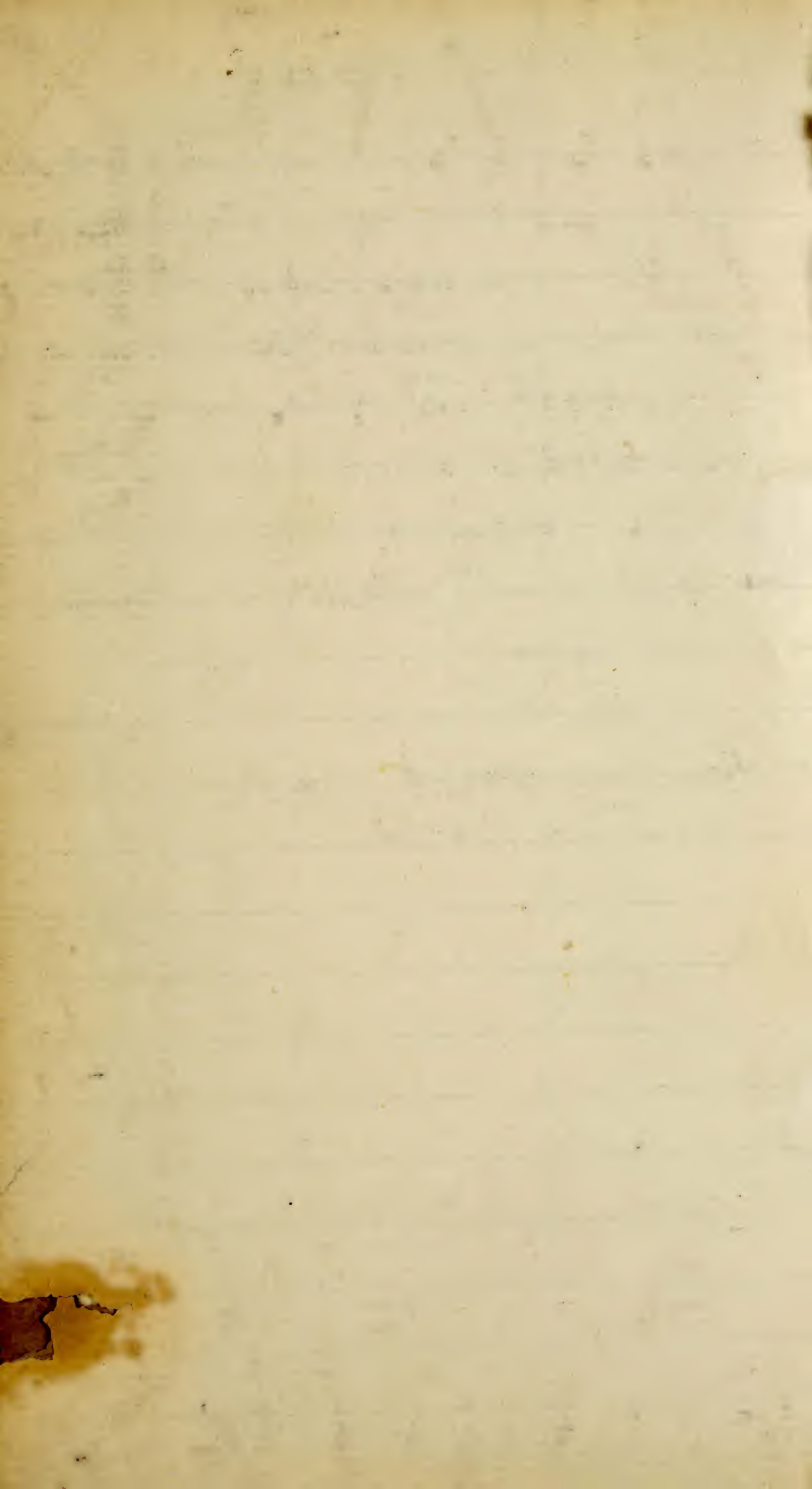
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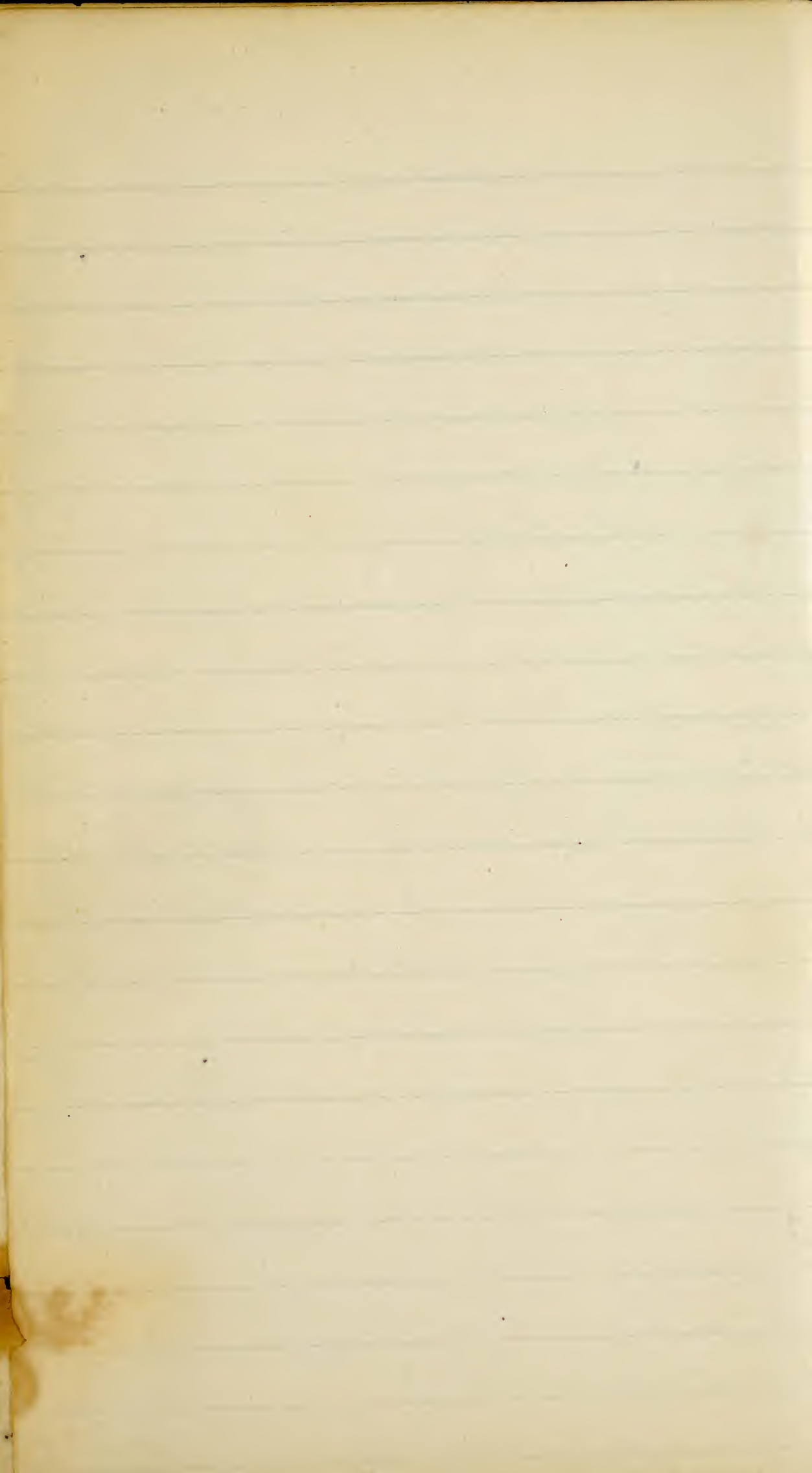
7th



There is nothing in the record
of ancient or modern times, or all
worthy to be compared with it as
the degree in which it has secured for
us the great end of government —
a continuation of the greatest liberty,
the greatest security for person property
& reputation. Times. Saturday. Jan
31. 1874

Muspha 8r 41. 3T on
pencil or. luma

Grundriss der Pathologie des
Hirns, in
T. H. Reuss (Herausg.)
Hirschfeld etc. Berlin

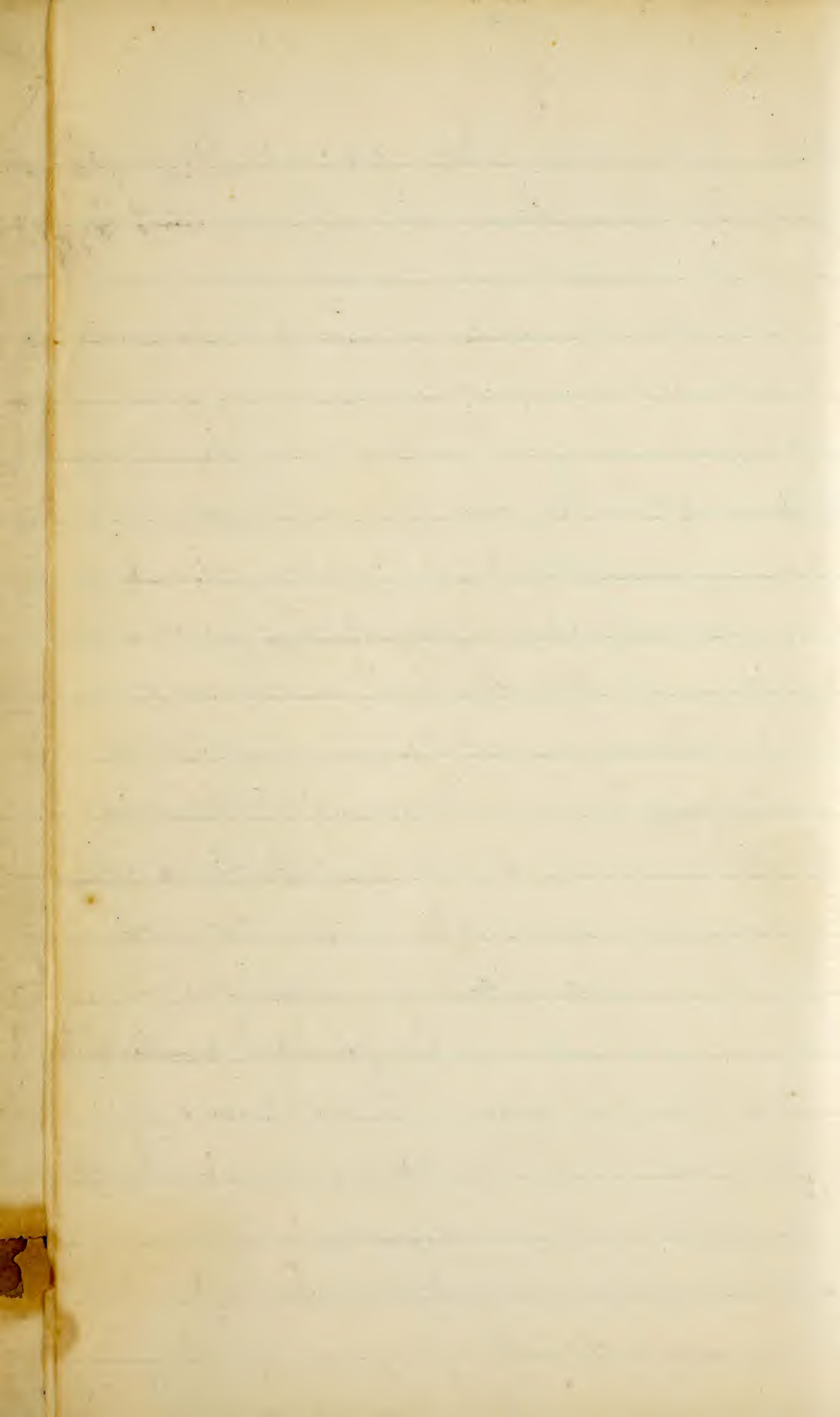


Dental. Natur. Hist. Paris. Archives p.

Ann. Med. Bot. VIII 1871

He believes that the essence
of the disease is not to be sought
in the pulve membrane, but in
the growth of numerous 'tubercles'
throughout the various tissues
& organs of the body.

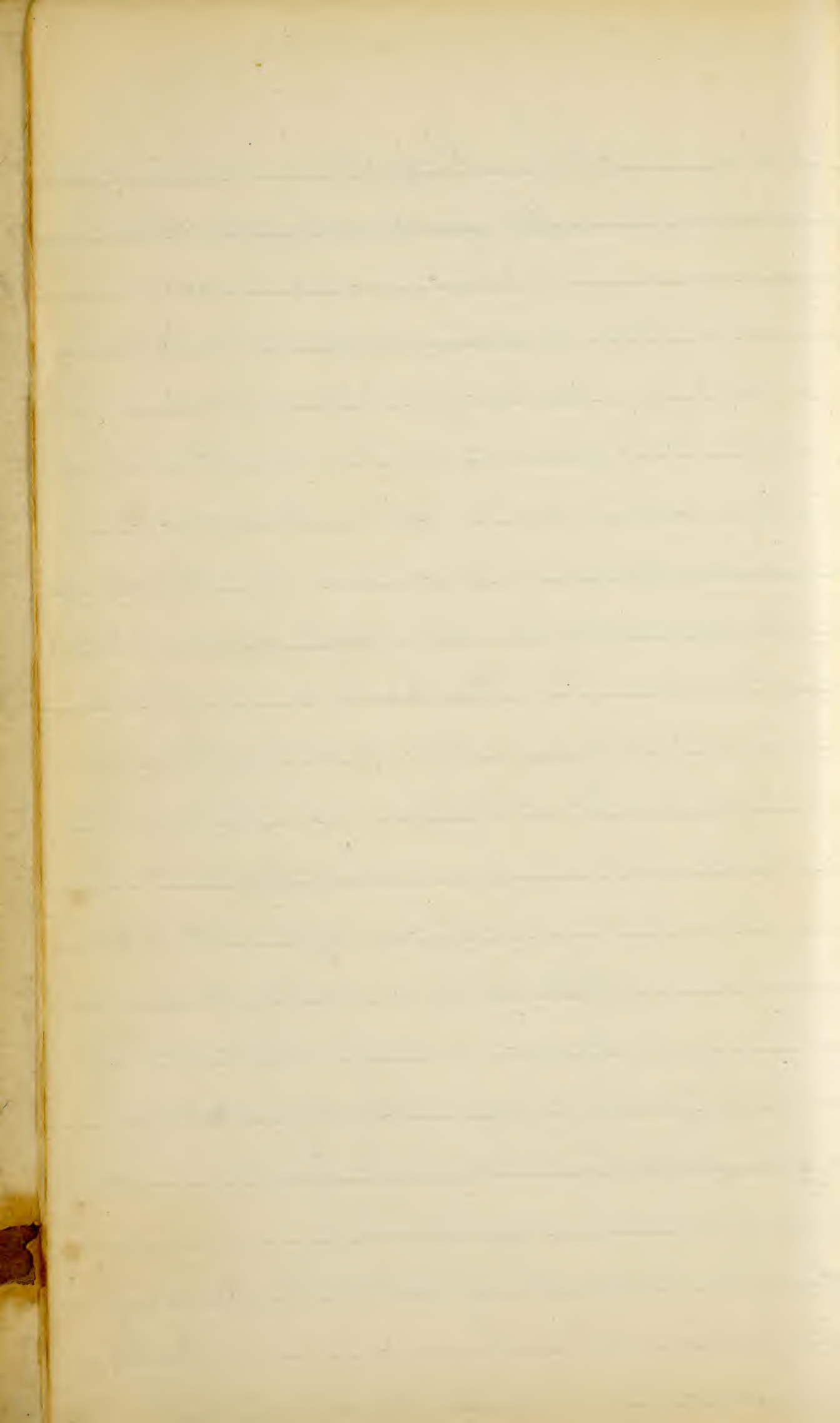
They are in form and size quite
different from pericorpuscles.
They show an evident double en-
closed membrane & a more
or less marked granular
contents. Their size varies
between .0074 M. long diameter
& .00242 M. Broad diameter
- the longer ones. By the round
ones between .0054 u. .0031 M.
He speaks of them as being more
numerable in the tissue



Ludwig Buhl. Myxosis tuberculati
Zeitschrift f. Biologie, Bd 6. 13.

describes a case in symptoms some-
what resembling cholera in wh.
P. m. was found in the duodenum
from 60 - 70 small elements!!
varying from 1 C m. - 2 m m. whose
microscopical characters were as
follows: The epithelial cells were
wanting, & only between some of
the groups compound cells were
to be observed. These spots he says
were the situation for coprus
"Gozglozapanten" composed of an
organ molecular "Körperchen" embedded
in a "gallertartige" tissue. some of
wh. presented an oval form, but most
were nearly measurable.

(No connection at all with
my subject.)

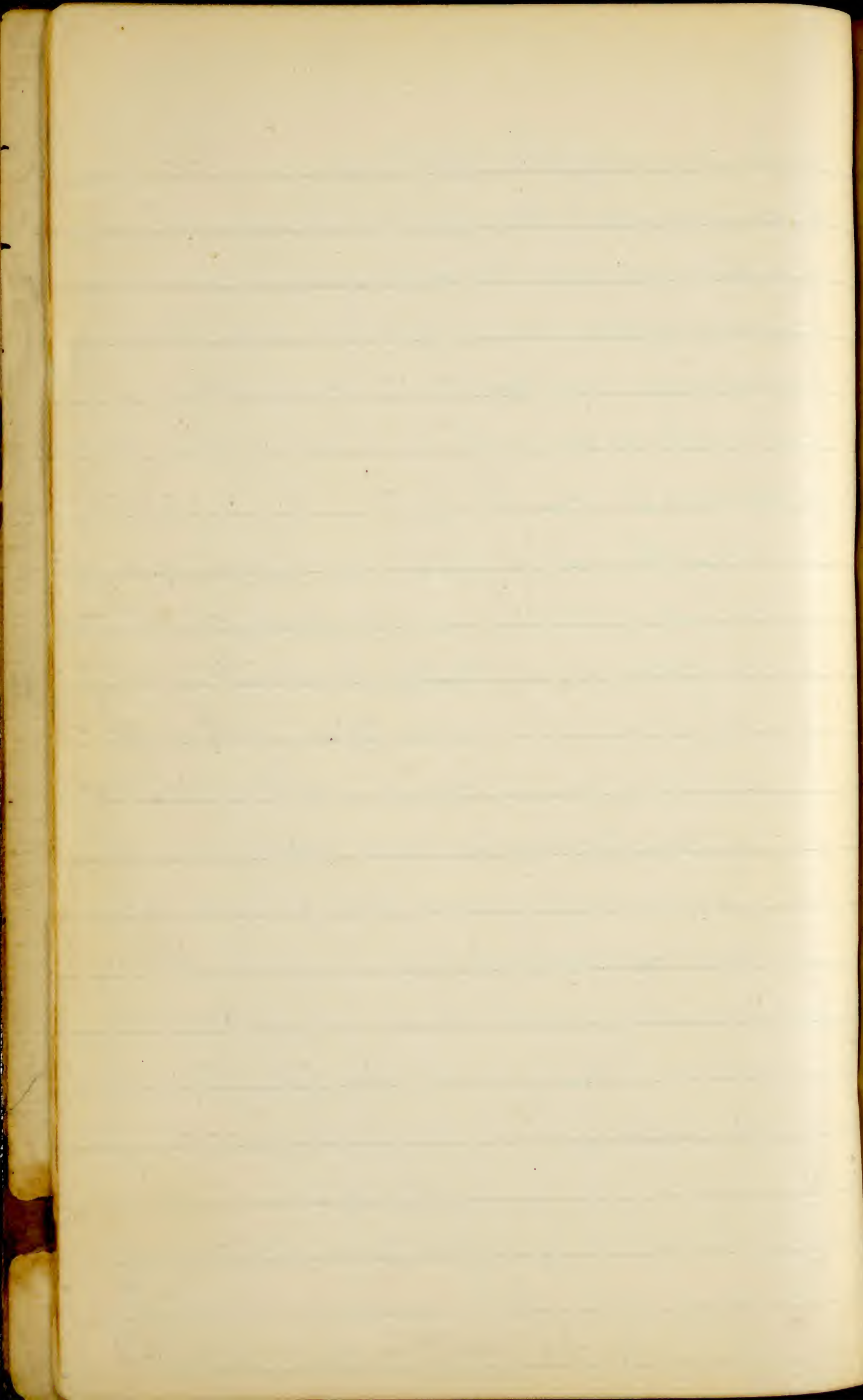


Disease of the Optic

Glaucoma, the pressure within
of the nerve. In all cases when
increased pressure from a certain
change in eye - sample.

Dark-recaration. Lame vision
pressed back in the eye. Near
sight & instead of normal have
an - a groove - filled with glass
Krause - an cupful of
The optic nerve are generally & pro-
ceded by atrophy, & the marks
of the tubercle, an narrow
& even spaces, the fibres. Also
the vessels, are compressed
beside funnel shape more to the
inner. Choked atrophy about
the spot.

benches. go to the round of paper
then all spot & small as red
points. They go in the depth.

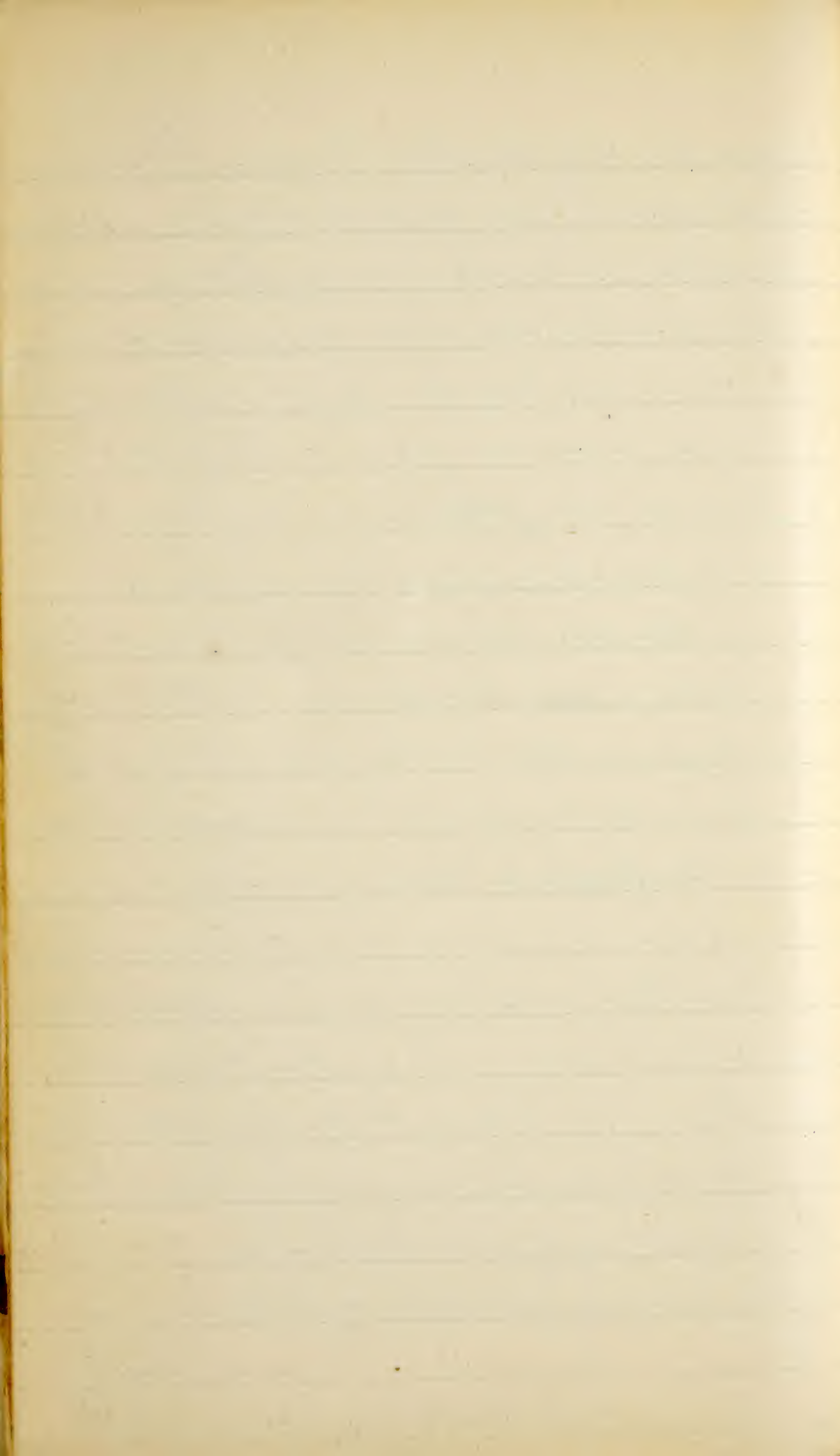


you see the whole blood column
as it runs then perpendicular
often in border as you have
all when the vessel is small
see as in figure of 75 unless you
use a convex glass or 73 or 76
to see the papill not as then or for
as I cannot give the

We see also in the artery
pulsation of the power as the vessel
goes from center to side of papilla
often not present in simple form
in undoubted examination

Heuritis we find the Papswell
the second... of a heart-
the the same but mark soon
passed the center. The the
swelling of the vessels.
The larger it becomes the more

The papill left is never whole



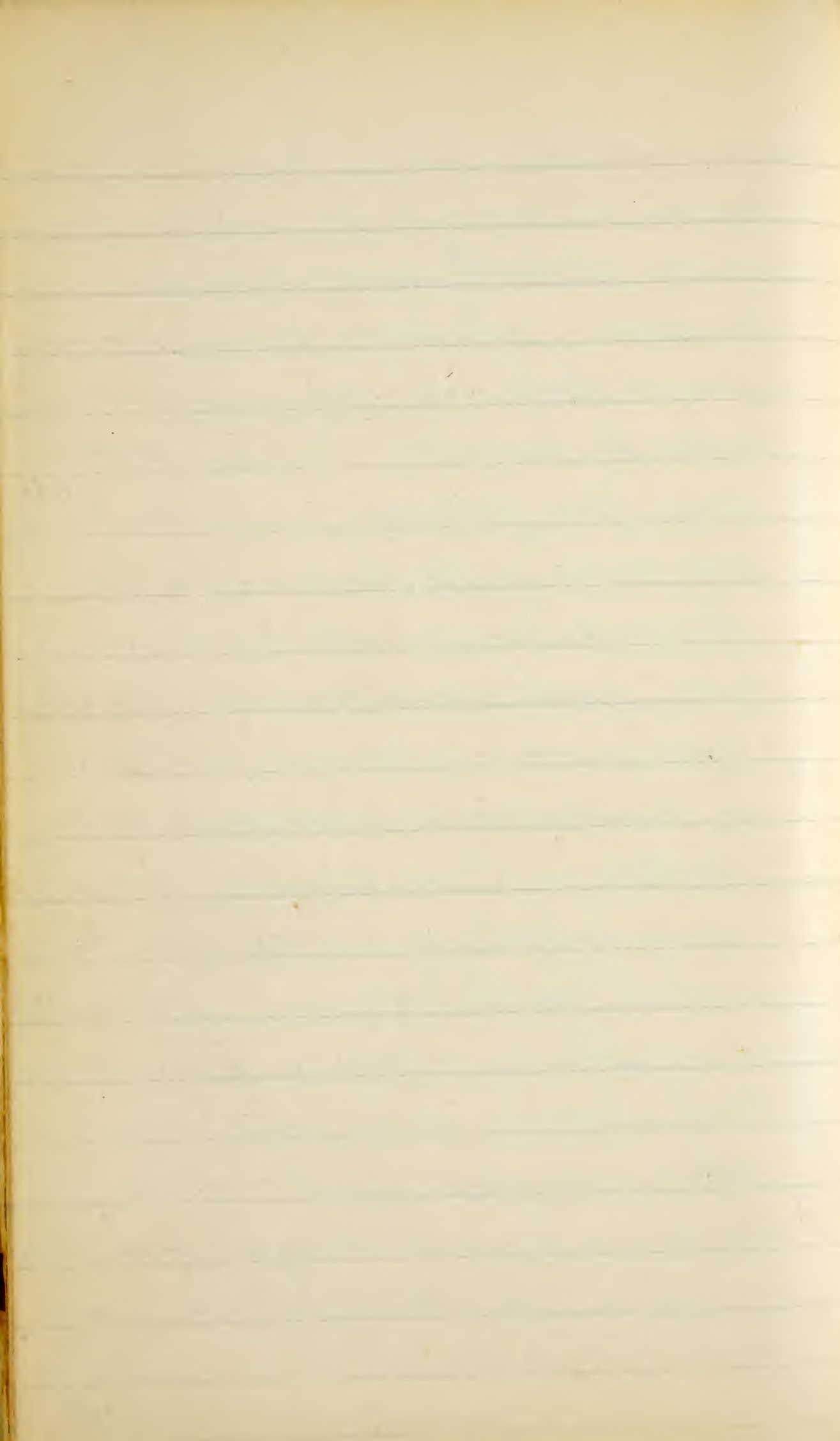
abundant at birth. 2. sparingly
the veins remain smaller. The
border of Papill never sharp.

Diagnosis. not alone. diagnosis of
brain disease, but one for of Neur-
osis in perhaps. The does not
aim for purpose in some cases
or more probable that it is the

the schneiderian canal & something
of the lower cut & something
of the upper cut.

no one can say
a new curve from above or below
atrophy.

1. see anemic men
of the cuticle of the optic nerve. when
cutted vessels (narrow network at)
1 - pale 2 - a colour change as
trunk. grey is yellow. 3 - a chief
after neuritis. or found white white
abruptly. 4 - also a flutted at. from 5 - there
are see in network of L. cut. their
spots. Chief signs: discoloured eye
of the dark and my has a light

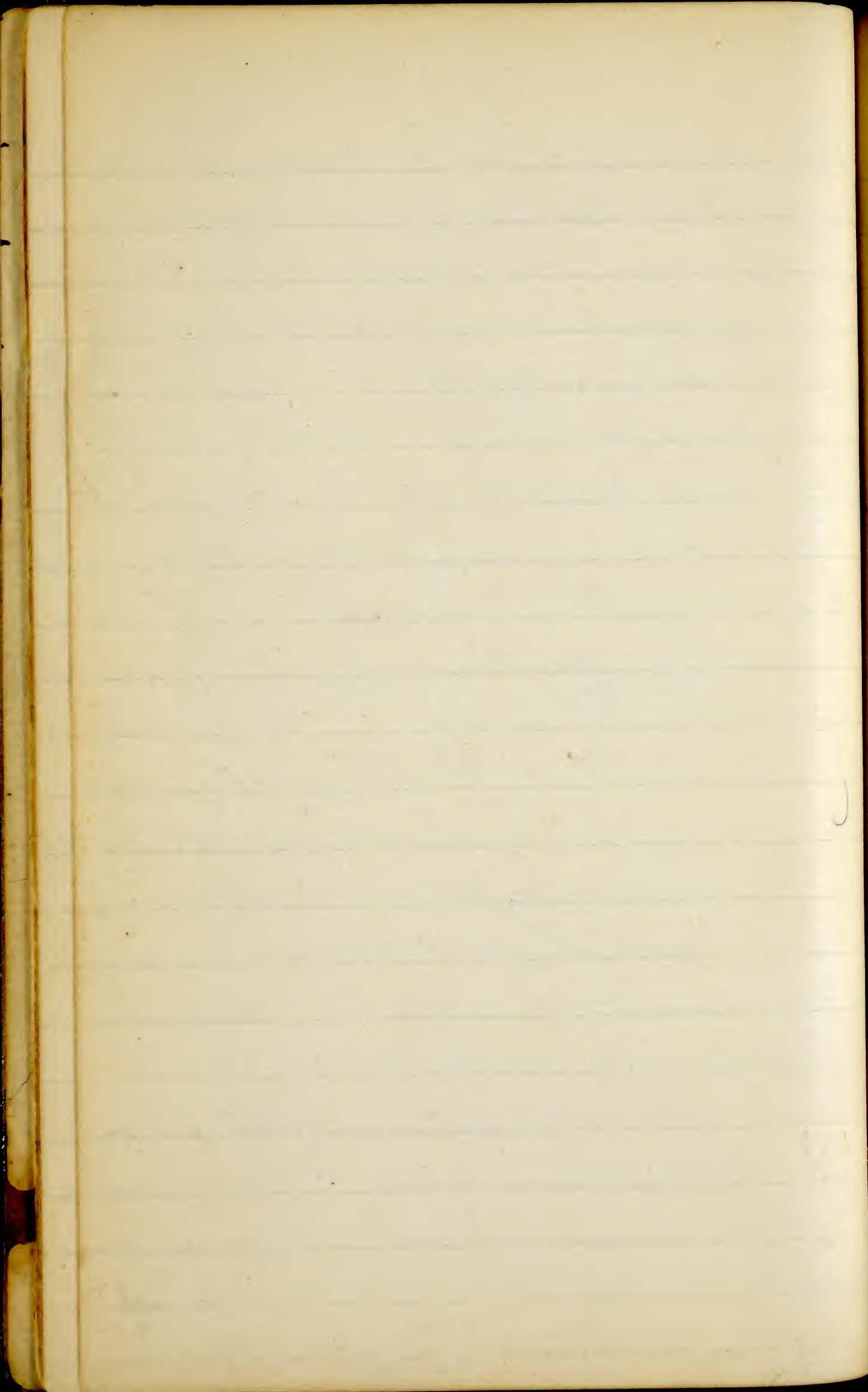


depression

Embolicus of art. centralis
gives a pict. of Melanob. but a. perian-
thoid. Mac. are only in the mac. space
microscop. Occurs suddenly. central
vessels. less. often not all vessels,
^{mac. in line} after but one & only part of the
field blind. Total & partial
vessels from the sclerodoch. vessels
supply a little blind. Partial embol.
is. Callosities also at the dist.
then a considerable beyond & may
be interrupted. current in the
vessels. Mac. taken in 2-3 hours after
occurs milky white & looks in the
center as if a bloody spot. - a
hammock. May be several. (2)
Also a trabecula of the papilla
lenticles. supply the other blood comes
into the blood blindness

Separation of Helina is hard enough
more for the beginner. Log drag
common. 1st a touching 2 the reflex.
when not a normal reflex a up
a reflex. or of a white gear ^{blue} reflex
& of a certain sort of reflexes
separ. In it the vessel run but
it has close to the lines. & they look
small & thin as they are not so
much multiplied as the line close
to lines. ^{the movement a high degree of hypermet}
Following them if possible to
the papilla & then clear.

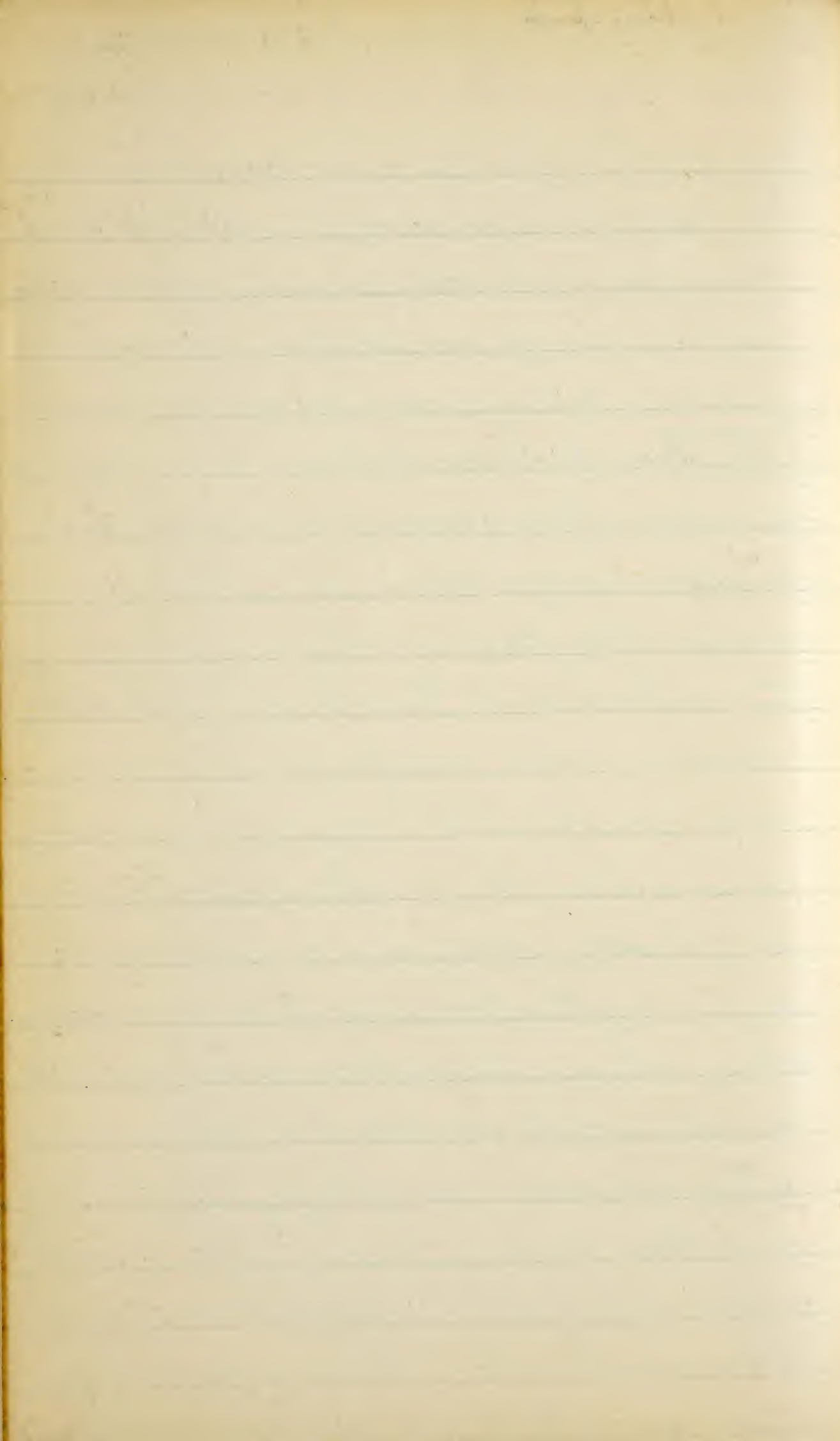
May be at first very small & far
peripheral & difficult to drag
The very pink very hypertensive so
are a convex 10- or 6. & look
them when pink sometimes with
dark to see the the fluid. the choroid
& at vessels. They lay it down
the same for it to form
often color & draw for it. on
on



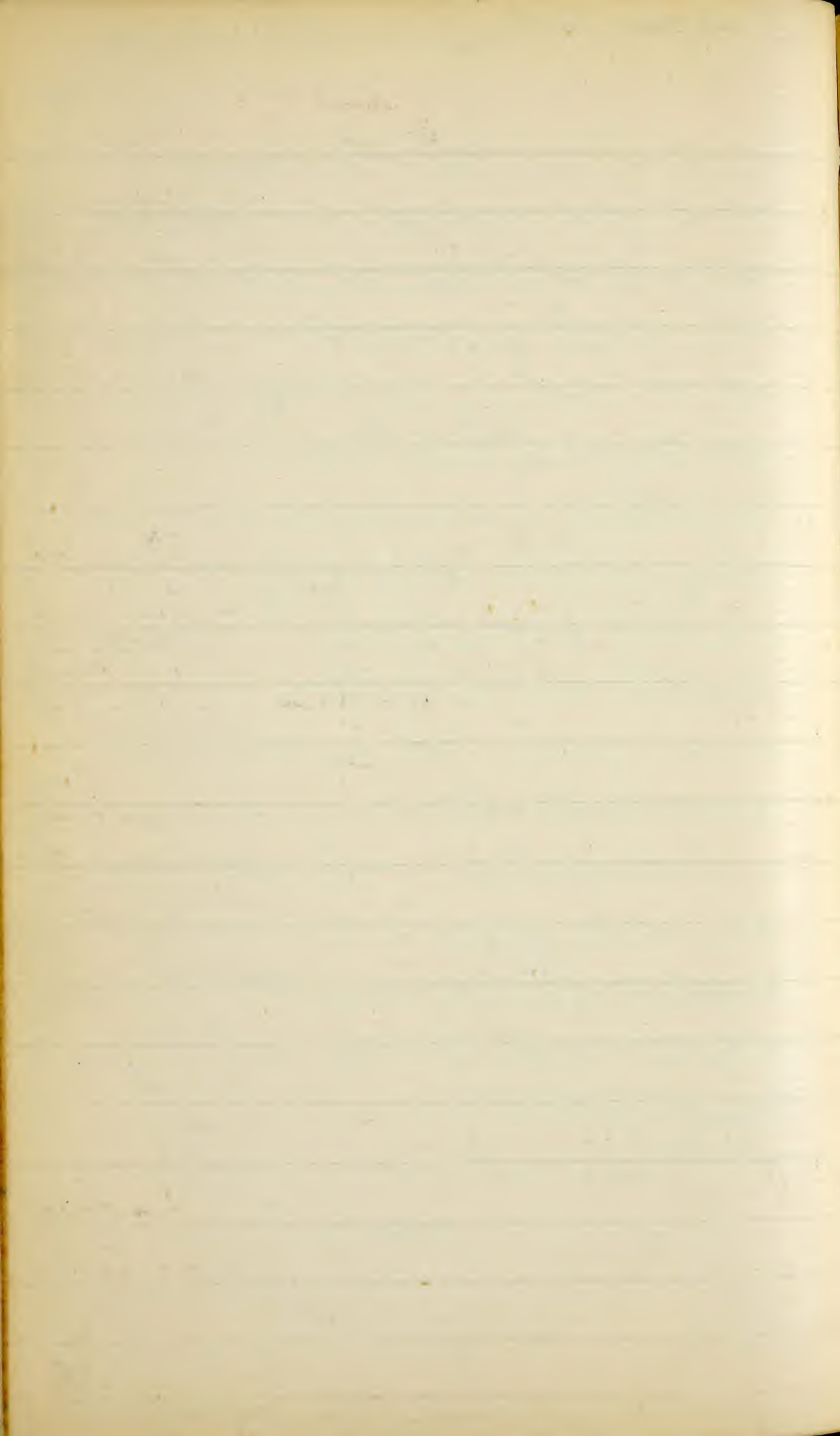
A cingulifer aff. the. Ma. m.
palken. No right disturbance
the. An intense white spot. In
the glange. stopped. By an
enlargement of the hind spot.

Choroid. seldom The most important
and accurate about all other
as Ch cha ^{not} not necessary ^{only} ^{includes} ^{dest.} of
right. oil perhaps a little dim
a chor coats in Ch runs
not ^{same as other members} ^{not} ⁱⁿ ^{then} ^{right} ^{good}
In Pigment. light feels an
in arise. the the pig. ^{ap} th ^g ^o
in ⁱⁿ ^{thorax} ^{of} ^{choroid} ^{lea} ^{the} ^{ves} ^a ^{caps} ^{wh} ^{give} ^{the} ^{pale}
color. ^{can} ^{not} ^{be} ^{all} ^{of} ^{gradate}
generally. I see there spots paler
paler because ^a ^{then} ⁱⁿ ^{then}
eyes. ^{gr} ^{ain} ^{ch} ^{vin} ^{els} ^{more}
the ^{where} ^{we} ^{see} ^{as} ^{have} ^I ^{absolutely}
Pig. by perhaps ^{also} on the spots

to accum^{ulate} & get a black x in clumps
arises. Then two cases. do not have
any proportion to one another is
to have ^{as} direct increase as the
the pigment decreases. This
but in many cases of seeing
grow, & common to the spot - an
adhesion between retina & choroid
place. when most abrupt; such
as when pig. are. I - the case
where the pigment grows into
the retina. & then I find ^{do not} seldom
read in our copies of choroid.
rare. found (with) immediate
& sudden Ch. exudate whole
see process goes in 3 - 4 days
why? on the Ch. sudden agglut.
when Ch. marks were surface
be returned. & see the Reber view
of the retina give plan which distinguishes
from the Reber. This ^{the blindness} is a result
of the aff^{ect} of the rods & cones next
the choroid. When a former
Ch. was & then Ch. exudate comes on



the choroid disappears... a 3 degree is
in the locality at. Each is danger
if the ^{it} hind pole nears & if near
the corpus ciliaris. Occas blind
comes on suddenly. can ^{it} fresh abruptly
in neigh of papilla. - blue
why? - a change over viz. hyperemia
for the chor ^{add} ^{die} ^{die} vessels. as the
circulation is disturbed in the oph.
2 way. in wh. it is danger is
in entering into chor. when goes
another danger is that it reach
vorn goes. Not all ch. ^{proliferate} have
glass corpus turning away when
advent comes. again when chor
forward. goes. & may go on & give
sub-ciliary. The longer the hyperemia
stay, in papill. so much the greater
danger of atrophy
Ch. ^{involute} dissem not along - result
of. Lues. - a form wh has its
origin in the macula lutea - a ch
abstains. chiefly in young guth
& the mac-lutea - the center & round



it accumulate

Myopic eye.

I ^{whenever} ~~eye~~ point. not an
opth. but an anatomical name
has a true ~~opth.~~ but a Ch. de rappe
a while. spot.

Ch. found in 3 places. & when the cilia
res. go in. & in the further growth
it is for the last place when it
absorbs. Not always a sign of Myopia

may be answered in Hyperm. but only
the fourth ^{and} growth is a peculiarity of Myopia

It also has an inf ^{line} on the appt of the
papilla which is a little oblique

and the vessels going to one border may seem thickened as in
when the Myopia is so close the cornea
is ^{thickened} & becomes ^{to distinguish}

may come to a very forming or a

absorbing side near the cornea and

Ch. may arise thro a hemorrhage

be chkd. when progress ^{we} find the

ent the cornea regul ^{early} & ^{as} delay but

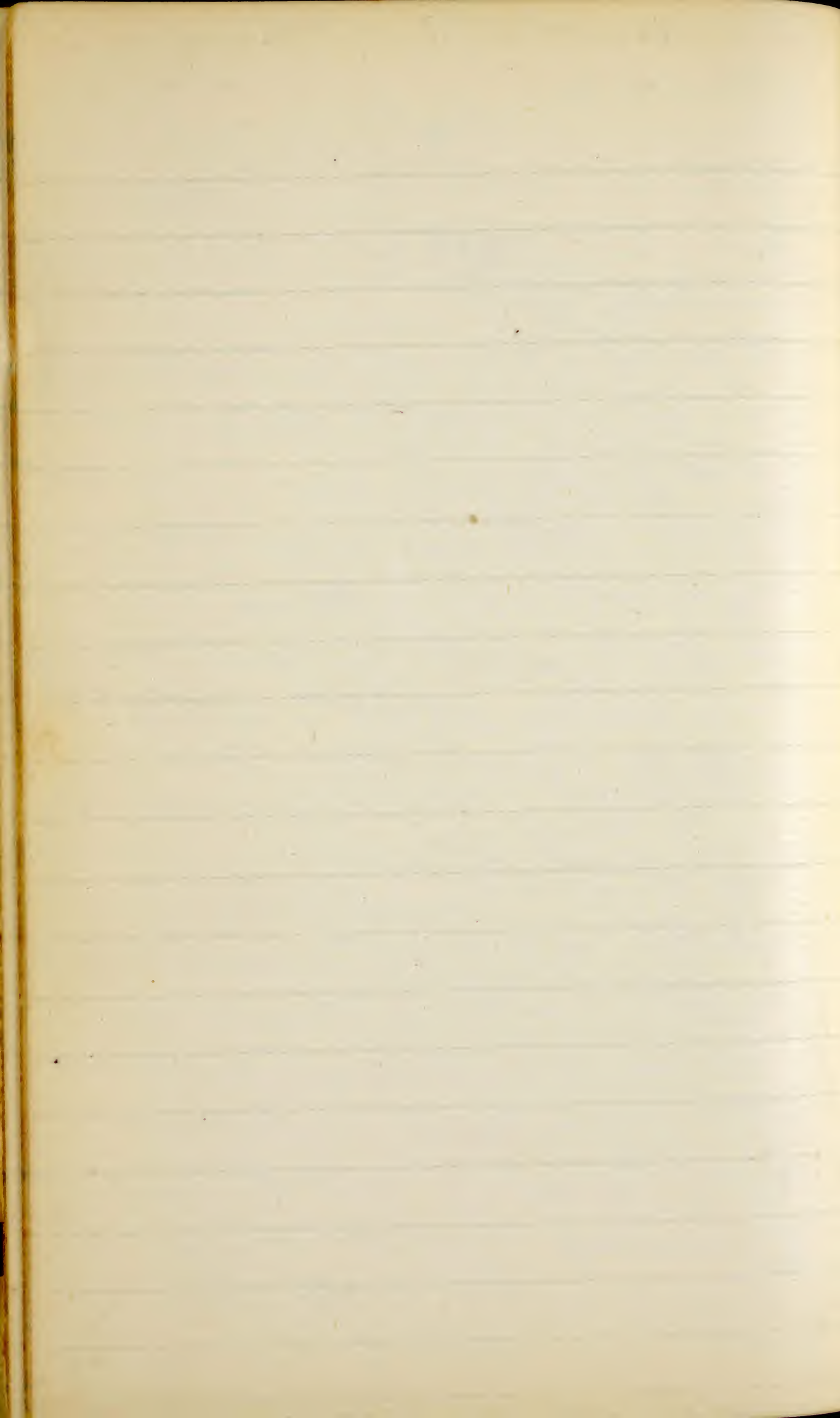
the pup ^{the} hyper ^{and} in large surface

of surrounding pigment. change takes

place & in 2-3 weeks or so

ill. large spots of chon & albug

and ^{is} condensed pigment



disappearance. From Taping in
the high ground on the peak
never about the peninsula

Refractive extinction in the
examination

When I am 2. 4 am on

The weather is clear with a
low sky

1st Class

Cotton

Parkley

Fraser

Bell

Park

Miner

Smellie

Jameson

Armstrong

Gillis

1st Class

- (1) What are the varieties of fibro cartilage. State localities?
- (2) What is the structure of denture?
- (3) Under what conditions do we meet with the buffy coat? what is the cause?
- (4) State Schmidt's view of the coagulation of blood.
- (5) Name the coloring matter which may be obtained from the blood. How would you obtain crystals of hemoglobin? hemin? where does hematocritin occur?
- (6) Wherein does the essential difference exist between arterial and venous blood?
- (7) What events correspond in time with the first sound of the heart? with the second? with the pause?
- (8) What is the cause of the first sound?
- (9) How are the volumes of air divided by Mr. Hutchinson?

(27) Petrus. a

28. Accommodat.

29.

10 What is meant by the vital capacity?

11 Explain the act of deglutition?

12 Structure of the stomach

13 Structure of duodenum

14 Structure of the liver

15 Glycogenic function of liver

16 Structure of skin

17 Structure of kidney

18 How much of uric acid in day

19 " granules of uric acid 5/12

" " 8/5

20 Nerve trine

21 Mode of transmission of nerves

22 Reflex action essential for

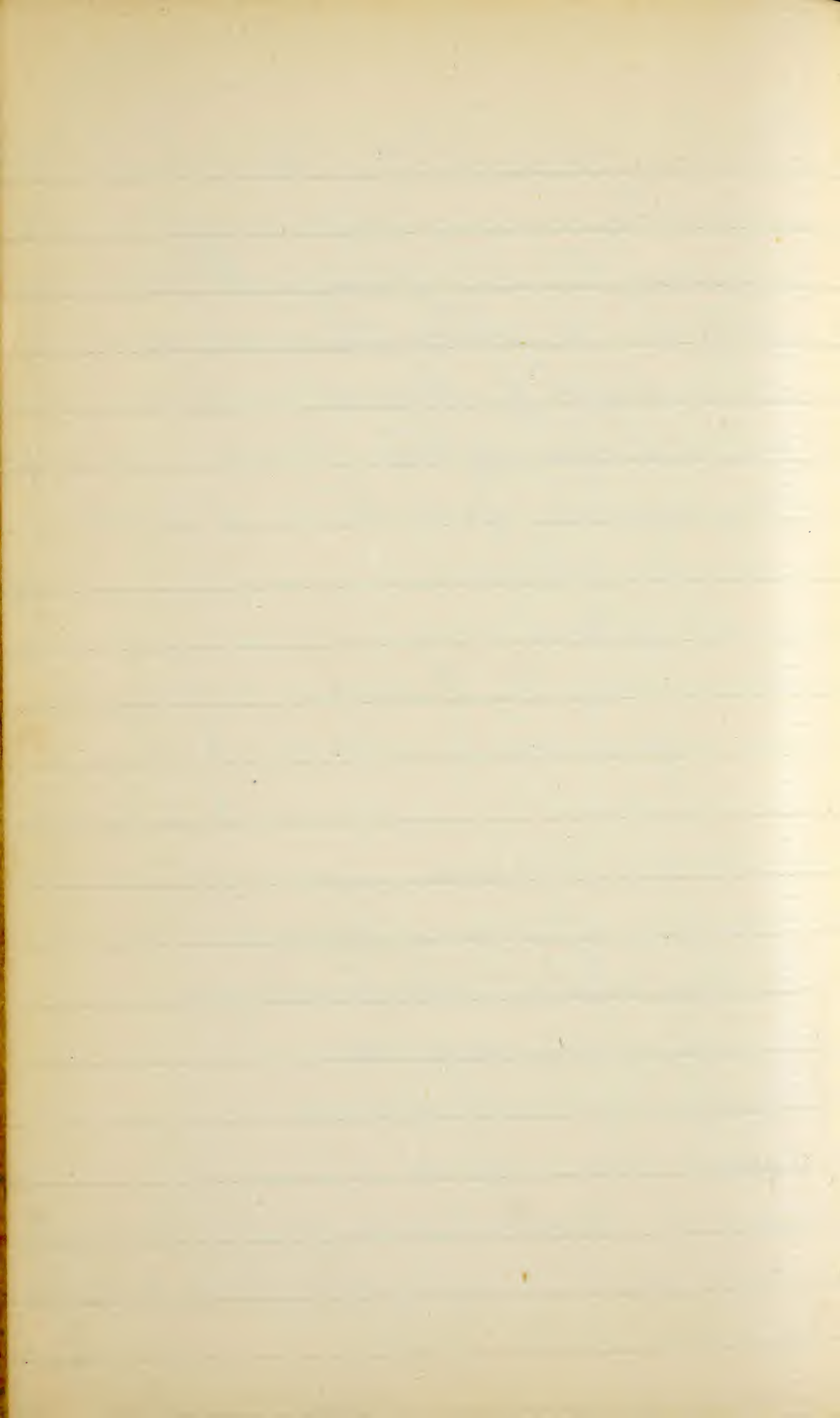
23 Function of n. cerebri

24 Paralysis of third nerve

25 Sensit nerve force

26 Facial state the n. path through
with secret is reflex caused in the sub-
maxillary glands.

Parasympathetic



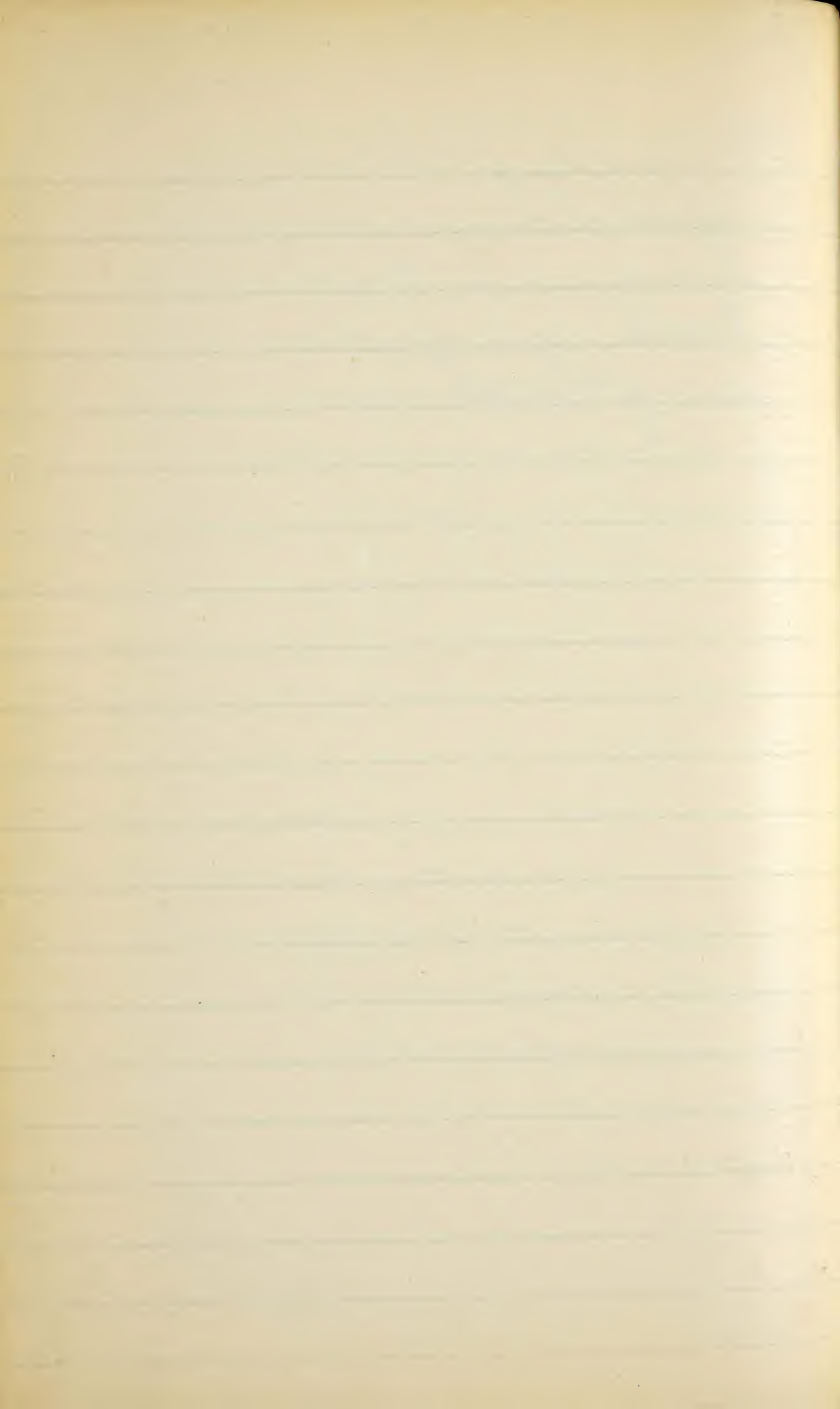
Muscular fibres.

Epithelium

Bone.

Tooth -

Ar. of blood





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Members

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Oster	10.00
Butler	10.00
Shepherd	10.00
Finnick	10.00
Drake	10.00
Howard	10.00
Ross	10.00
Chine	10.00
McDonnell	
Godfrey	

P.O.D. for W & Nor. for	30 dollars	May 18
" " " "	30	July 14
" " " "	27	Nov 3

Journals ordered 13/4/75-

Archiv f. Klin. Chirurgie
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" für Ophthalmologie
" der Heilkunde
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Neuer medizinische Presse
Schmidt-Jahrbücher

21/475-

Revue des Sciences Médicales
Archives Générales de Médecine
Bulletin Général de Thérapeutique
Gazette Hebdomadaire

1877

77.

Furwick	10.00
Howard - +	10
Drake	10
Macdonnell - - 5-	5-
Godfrey	10
Ross - - 5-	3
Bullen rd -	10
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Oster	(10 pd.)
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78

$$10 = 20$$

$$10 = 20$$

$$10 = 20$$

$$10 = 15$$

$$10 = 20$$

$$10 = 15$$

$$10 = 10$$

$$15 = 15$$

$$15 = 15$$

$$10 = 10$$

$$\begin{array}{r} 160 \\ 60 \\ 20 \\ \hline 240 \end{array}$$

15

10

10.4.

15

8 at \$ 39. 00
3 at \$ 36. 00
4 at \$ 28. 00

May 26. Bill of Exchange per
British Bank. to H. & P. for 85-0 francs

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to H. & P. for 1257. 50 francs.
no 3 347. (73) .

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April 25. Received batch of 15-
Microscopes. Net price frs. 2,107.50

Dr Ross . 1 at	<u>36.00</u>
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Mrs. Thornton 1 at	<u>39.00</u>
Mr Saunders 1 at	<u>39.00</u>
Dr Cameron 1 at . PD. 25	
Dr Bell 1 at	39.00
Mr Stafford 1 at	<u>28.00</u>
Mr Lyford 1 at	<u>39.00</u>
Dr Reddy 1 at	<u>39.00</u>
Dr Ozer 2 at (25)	
Mr Brodie 1 at	<u>28.00</u>
Mr Munro 1 at	<u>39.00</u>
Mr Querin 1 at	36.00

Torym Journal. received.

Berl. klin. Wochen. 1. 2. 3. 4, 5, 6, 9
10, 11, 12, 13, 14, 15, 16, 17, 18 22. 23. 24
25-26, 27, 28, 29

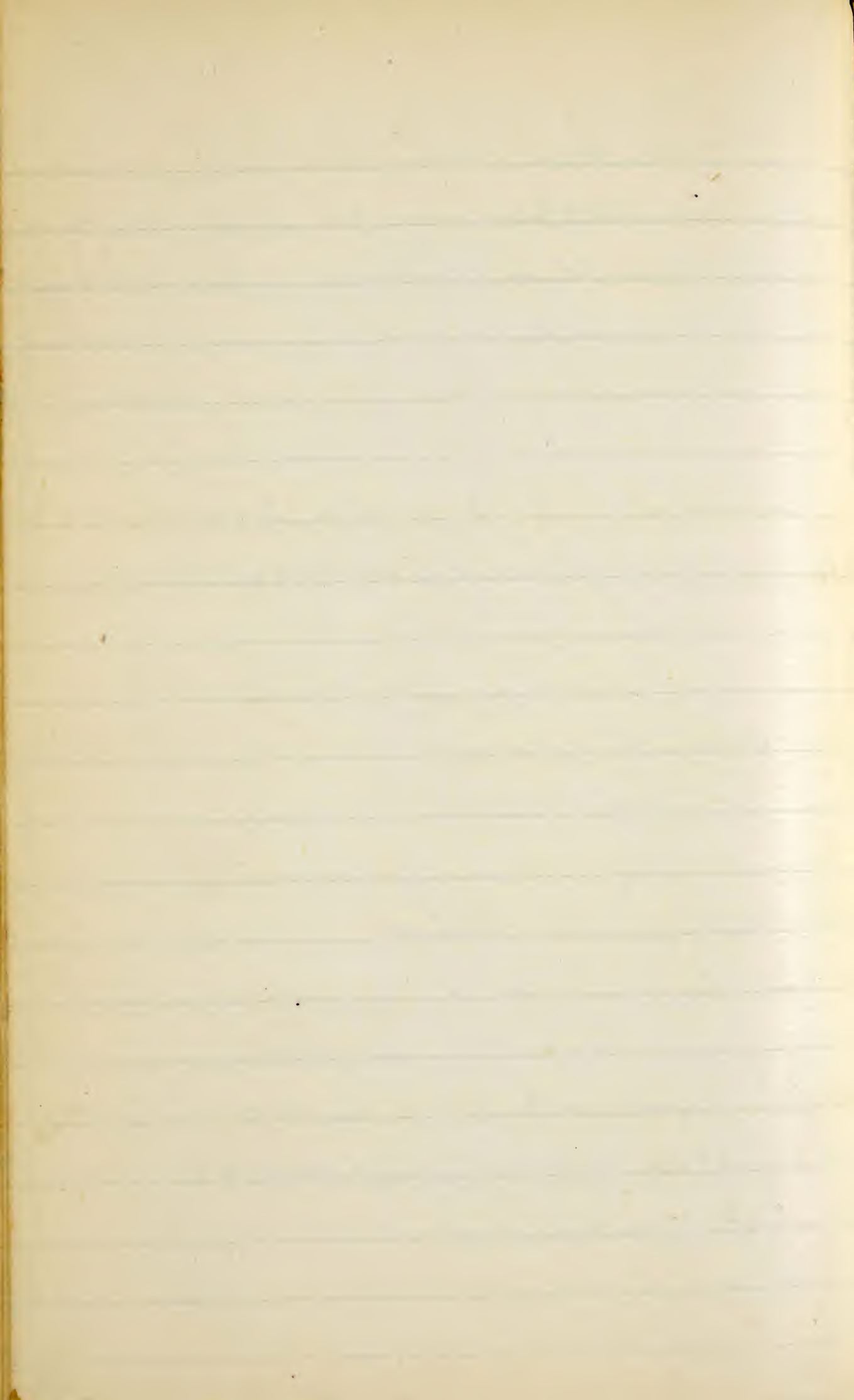
Qaz. Kebedon. 1. 2. 3. 4, 5, 6, 7, 8, 9, 10, 11, 12
13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28

Bul. Gen. D. Herap. 1. 2, 3, 4, 5, 6, 7, 8, 9
10, 11, 12, 1

Rev. des Sciences Méd.

IX. 1^{re}. 2.

Progres Medical. 1. 2. 3. 4, 5, 6, 7, 8, 9, 10, 11
12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28
29



Archiv Generale .. Jan. Fev, Mar, April
May. June July

Archiv f. Klein Chir. XX. Hft. 3, 4, XXI. 1

Central. f. d. Med. Wiss. 1. 2, 3. 4. 5, 6, 7, 8, 9, 10
11, 12, 13, 14. 24, 25, 26, 27, 28

Archiv Arch. 69. 1, 304, 70. 1, 2, 3

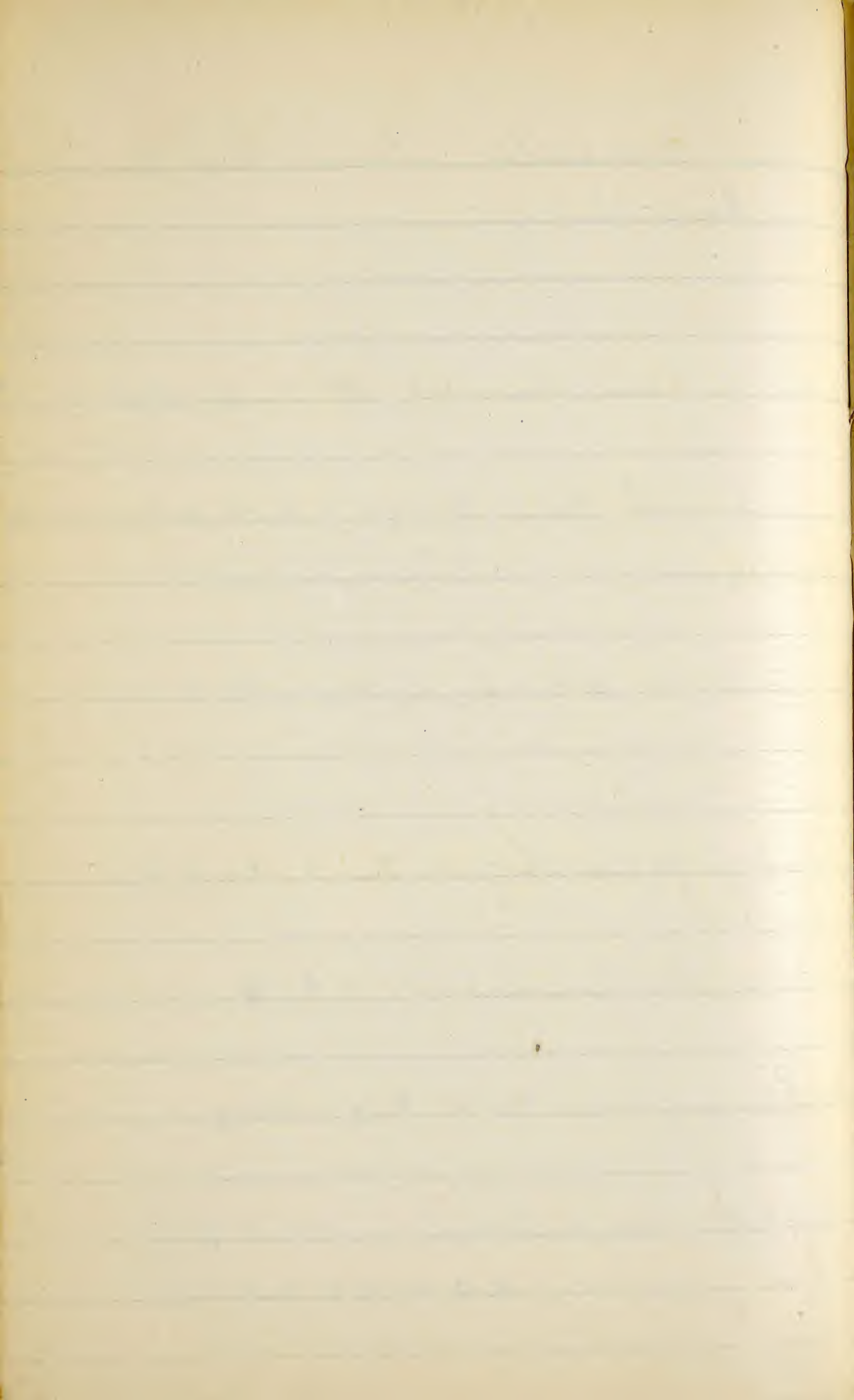
Arch. f. Gynaecologie X. 3. XI, 1, 2,

Schmidt's Jahrbucher. 1, 2 3. 4

Deut. Arch. f. Klein med. XIX 1. 2, 3, 4

Wormen und Woch 5416

20. 21. 22. 23 24 25, 26, 27



Physiology, Final.

excellent

oral

Total

No 1)

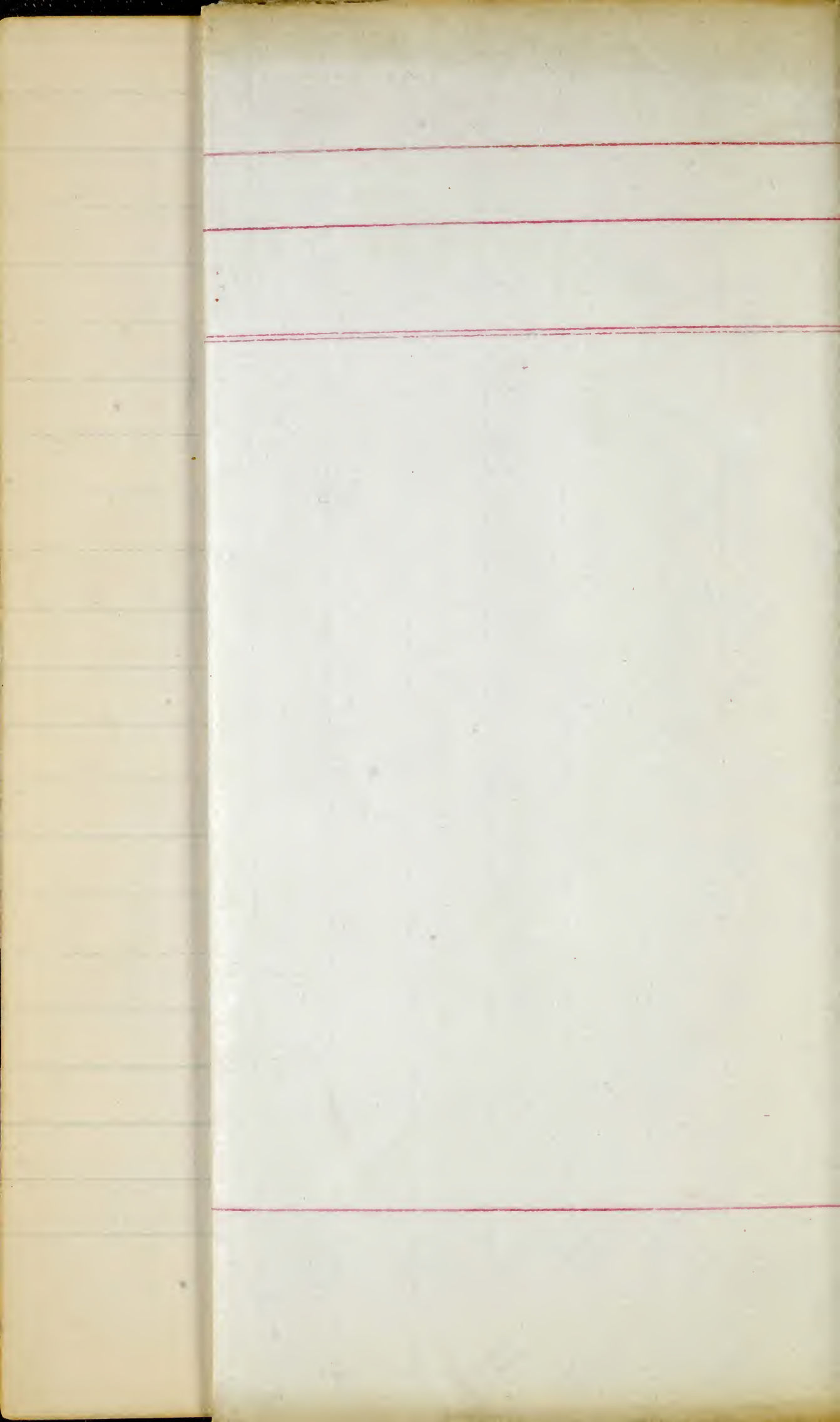
131

No 2) = 100

No 3) = 111

Physiology. Primaries

No 1	(Mr Chesbrough)	75-
" 2	(Mr Smiley)	50
" 3	(Mr Shaw)	85-
" 4	(Mr J. Smith)	75-
" 5	(Dr. M. Bell)	35-
" 6	Witherston	90
" 7	(J. H. Menzies)	30
" 9	(Dr. Kreller)	20
" 10	(Wolcott)	30
" 11	(Small)	70
" 12	Kalter	85-
" 13	(Lefevre)	75-



Prof Osler

LONDON Christmas 1878

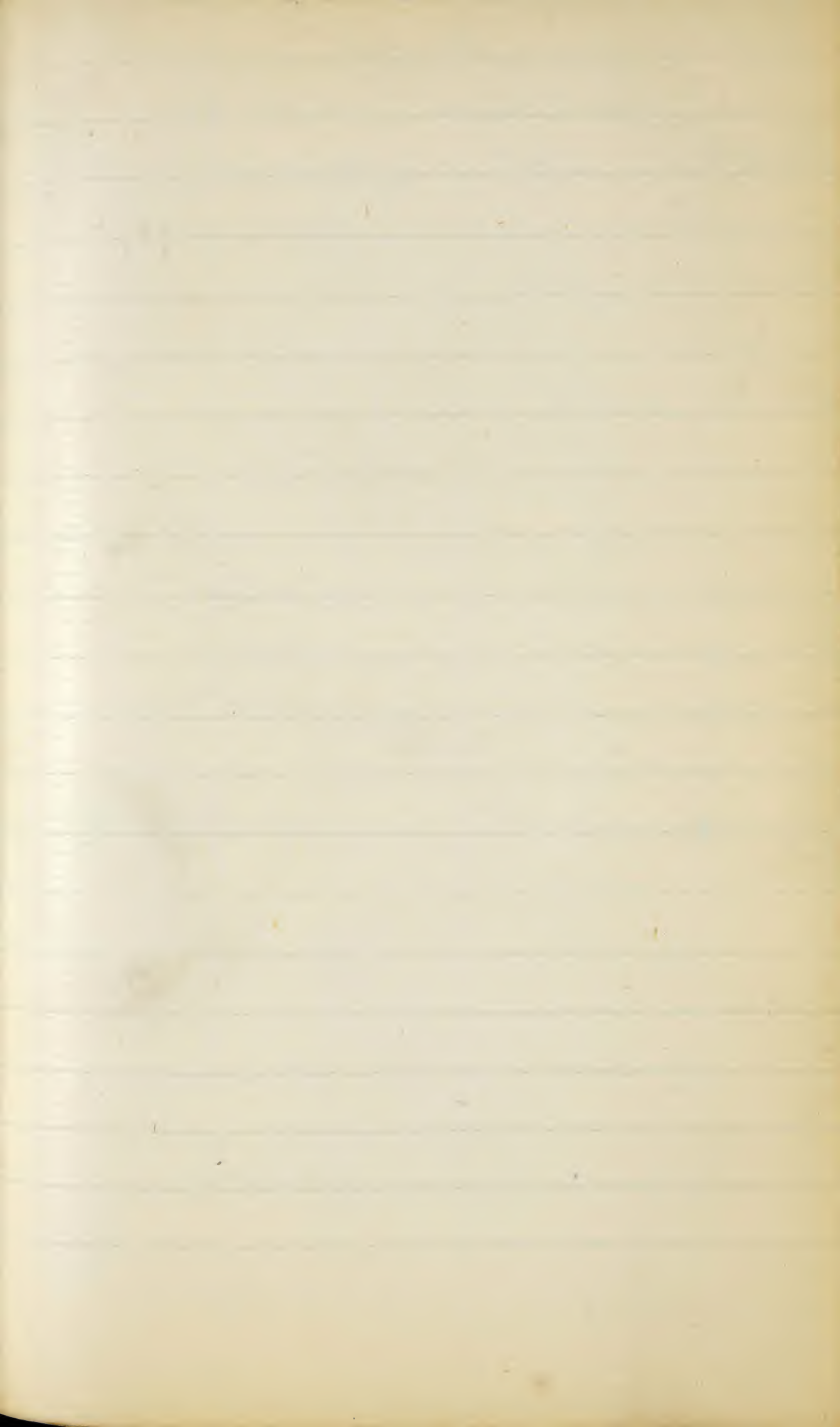
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	1 Matham on Hamlet	4	2
	1 Orth Diagnostik	10	
	1 Tyler Philosophy of Hamlet.	2	1
1877			
Jan	1 Virchow's Archiv 69.	13	
Feb.	1 Centralbl f med. Wissensch 1877. 1/4	1	4
May	1 Virchow's Archiv vol 70.	13	
June	1 Archiv f mikro Anatomie XIV.	10	
Aug	1 " " " XIV. 2	10	
Sept.	1 Virchow's Archiv vol 71	13	
Dec	1 Archiv f mikro Anat XIV. 3	12	
1878.			
Jan	1 Archiv f mikro Anat. XIV 4	12	
	1 Virchow's Archiv 1872	13	
	1 Centralbl f d. med. Wissens 1878	1	4
Apr	1 Archiv f mikro Anat XV. 1	10	
May	1 Virchow's Archiv vol 73	11	
July	1 Archiv f mikro Anat XV. 2	10	
Sept	1 " " " XV. 3 vol 10	11	10
	1 Virchow's Archiv vol 74	13	
Dec	1 " " " " 75	13	
	1 Centralbl. f d. med. Wissen 1878 1/4	1	4
	1 Archiv f mikro Anat XV. 4	15	
	1 Postage Microscopical Journal 1877	2	
	1 Monthly Microscop. J. 1876. 1877	4	
	(enclosed)		
	Postages.		
		19	6
		15	10 7



Greaves	written	132
	oral	<u>55</u>
		187

Cotton	written	271
"	oral	<u>95</u>
		366

Fraser	written	257
"	oral	<u>98</u>
		355

Armstrong	written	216
"	oral	<u>85</u>
		301

Lane	written	183
"	oral	<u>60</u>
		243

Park	written	233
"	oral	<u>80</u>
		313

Muir	written	234
"	oral	90
		<u>324</u>

Cameron	written	155
"	oral	80
		<u>235</u>

Cameron	written	191
"	oral	55
		<u>246</u>

Brodie	written	172
"	oral	85
		<u>257</u>

Burland	written	117
"	oral	15
		<u>132</u>

McMullan	written	112
"	oral	

Bell	Coccus & Pharynx written	268
"	oral	90
		<hr/> 358

Pausmeult-		90
"	oral	

Fortier	written	181
"	oral	70
		<hr/> 251

Faulkner	written	90
"	oral	60
		<hr/> 140

Elliot-	written	80
"	oral	

Jamison		216
"	oral	70
		<hr/> 286

Irwin	written	75
	oral	

Smellie	written	235-
"	oral	75-
		<u>310</u>

Collier	written	125-
	oral	60
		<u>185-</u>

Oakley	written	276
	oral	98
		<u>374</u>

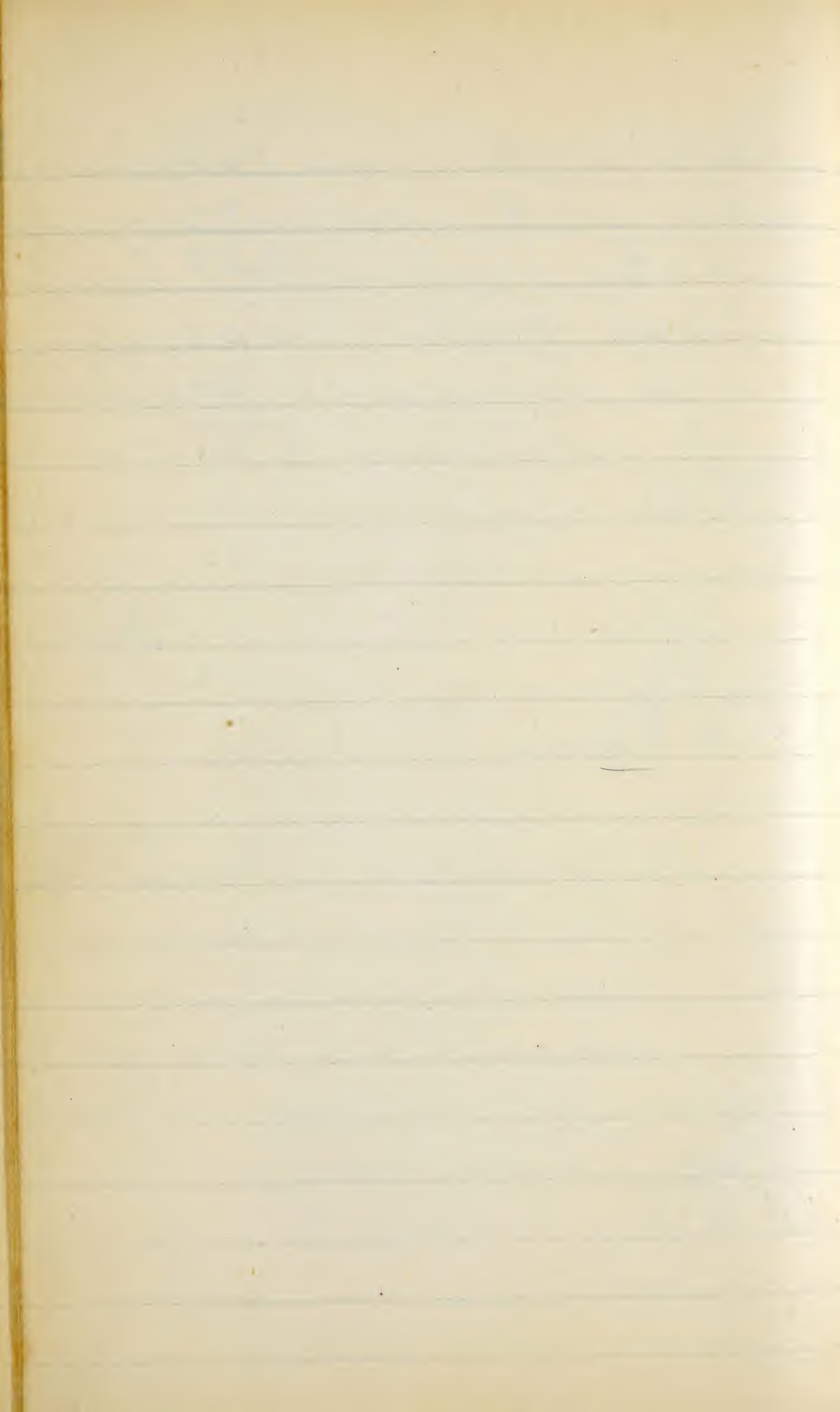
McLeod	written	80
"	oral	

Law	written	164
	oral	90
		<u>254</u>

1000 + 1000 = 2000
 1000 + 1000 = 2000

Boyle wullen	168
" oval	<u>70</u>
	238

Pillies wult	206
	<u>70</u>
	276



" Politzer "

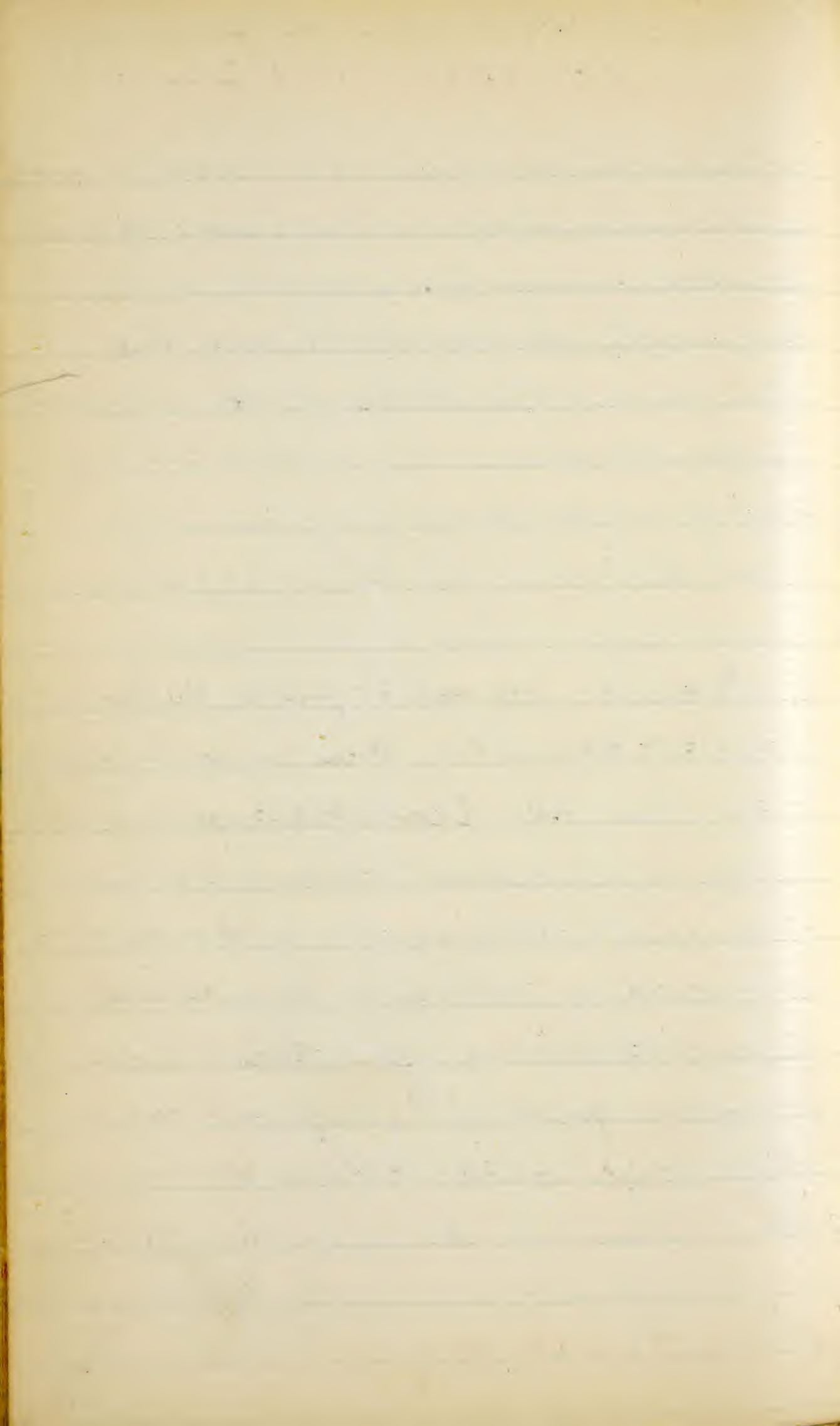
Age, & length of the disease, thus but
not always to be determined
Then the course, thus also the diff.
The cause, difficult too, sometimes
sudden others gradually. Often can
not find it, was pain there & is
it present now? an important question
second was thousands present?
was it constant or intermittent?
a important thing

Is the affection hereditary?

Then examine the ear, (1) the outer
ear & the Membrana (2) Eustachian
tube by the Valsalva maneuver & if
that fails catheter or Politzer
to see if air can get to the middle
ear

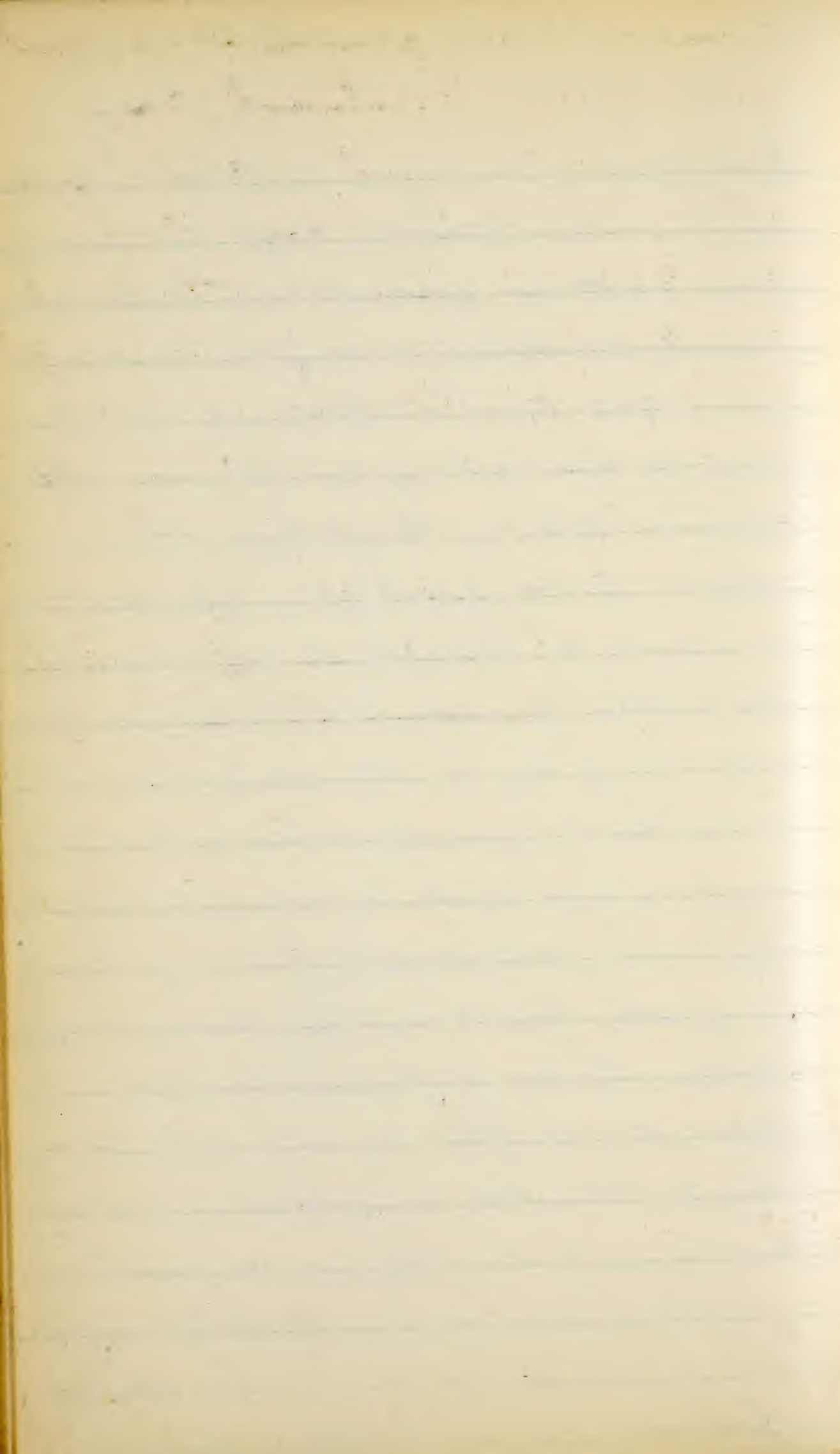
Case of an old woman 68. deaf 16 years
in the case where it has been proven
• Cured so long it is usually either a
lesion of the aff. or the anchylosis of
the base of the stapes. to the F. ovalis.
Nothing to be done.

Case of a young man. noise in ear
for two years worse at night than
in the day. Hear perfectly well with
both ears. An affect of the Labyrinth
not the middle ear a nervous affec-
tion. Pure noise from the acoustic
either in the Labyrinth. An sound or tone
can not be other as there is no deafness
either in nerve itself or in the central organ
many. tumors & other alterations occur
when they produce it there are many
other affections more important than
this. Therapeutic. Many can be cured by
the constant current. & by the use
of oxygen & or not the middle ear viz



do more Chloroform is good smell
by it another 1 Polt is with a catheter.
Stick one ear & do so always when
only want to act on one ear & get a stronger
impression
III. Aug. 17 one ear quite good. the
other from childhood bad. a pure
inflam for 15 years. destruction of
tympanum. An aff. of the middle ear
Heard at about 8 feet with the bad
ear.
IV. Mar 20. S. from 17 yrs & the affect
was latent ever since. When 17. both gone
Heard. could with 1 ear at 1000. with r. even
what more. Theapic. cleans the ear
with water. 1/2 Polt. In chin cases
also must wear ash Tan. lead.
acoustic. Mt. Arg. string should be used.
the polt. for XX. 3rd. 15 ft. into the ear
not painful in ear only a burning
line with another. Talk 12. in the mouth
a second method

Aspergillus . Pity in outer ear. which
rapidly increases & echus. Infl. excham.
When it gets in & finds moisture, heat
rapidly develops & seizes the deeper
from then pain & inflame & echus
when in the upper epidermis no inflame
or pain. Also in Mem. typ. Often no
appear if not gone deep. After the pain
is severe on the whole ear & head
the upper part a white chub. See the
outer ear filled with white mass
- see black points or see a black
surface in a whitish membrane
instead of black sometimes yellow
- or grayish. Must use the Mucc. & dia
more. If an inflammation is
present. see after syring out see
if not even the Mem. also but
remains of the Pity as small
gray masses which must be removed
the I will all return. In some
cases where people dwell in damp

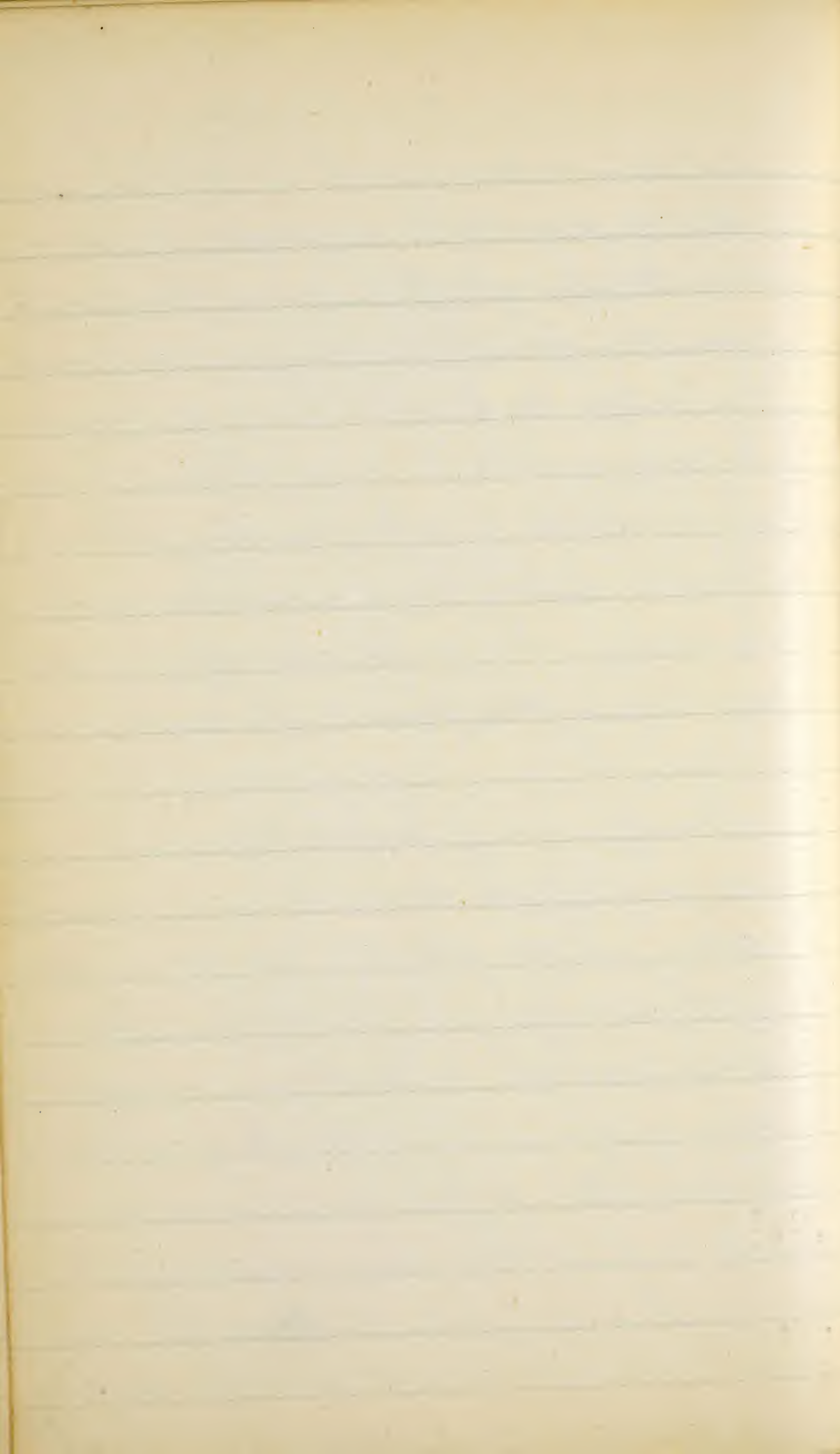


more it is very prevalent & contant-
relapses occur Treatment: 7 min
lead col. etc. The infant is alcohol anes-
thetized by Rect. or crum. 7 min
draw the ear out. then warm the fluid
warm the sponge remove from the face put
the drops 5-6 in it warm & leave in
the ear 20-30'. If much pain take
out the alcohol & put warm water.

Sudden Arter. may cause perforation
in person who have ch. off middle
ear. - as in this case & it is common

Acute inflammation of Great Tympanic

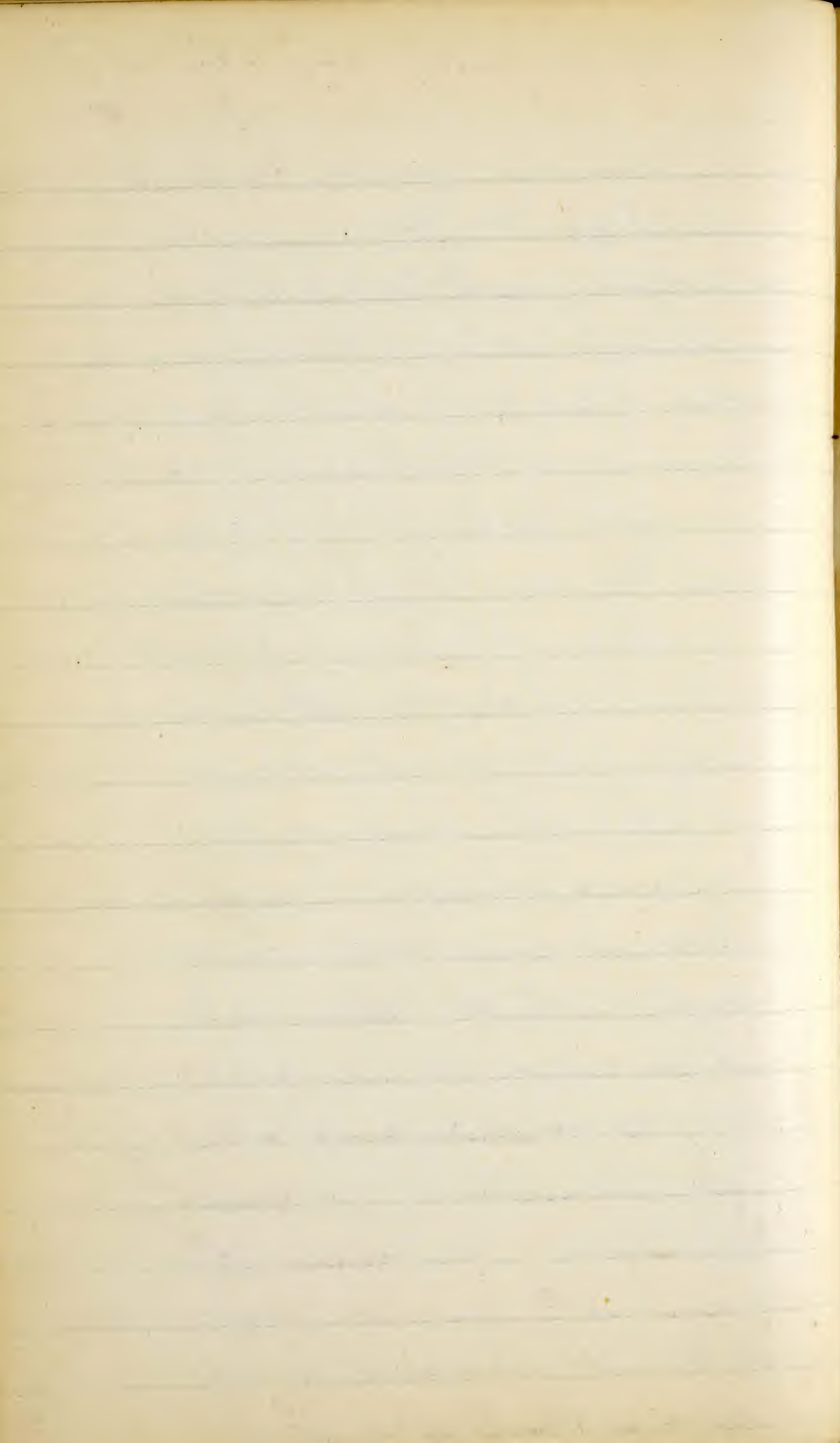
Great pain which may demand local
bleeding from the point of ear not the
back. as from the point the supply
comes. No air disturbing of air.
abreast from which perfor Para
against the pain put in a narcotic
unguent or narcotic oil warmed & put in
No injection greater. Al. Theria 3 ii. Mentha
2 gr. or Al. Ther. & Chloroform as per
put in 5-6 drops.



The Child infl. spread over the per.
much greater than in adults & may
come yearly & at stated times. They
heal either without leaving any trace
behind or leave scars. a few say of
bones or without any hear storm
or as here. ventralsing of bronchiffell
as in this case. or strong driving
Somewhere the larynx is affected
in this childhood affect. so if the
test for the forehead with the nail
goes all right so much the better
for the prognosis.

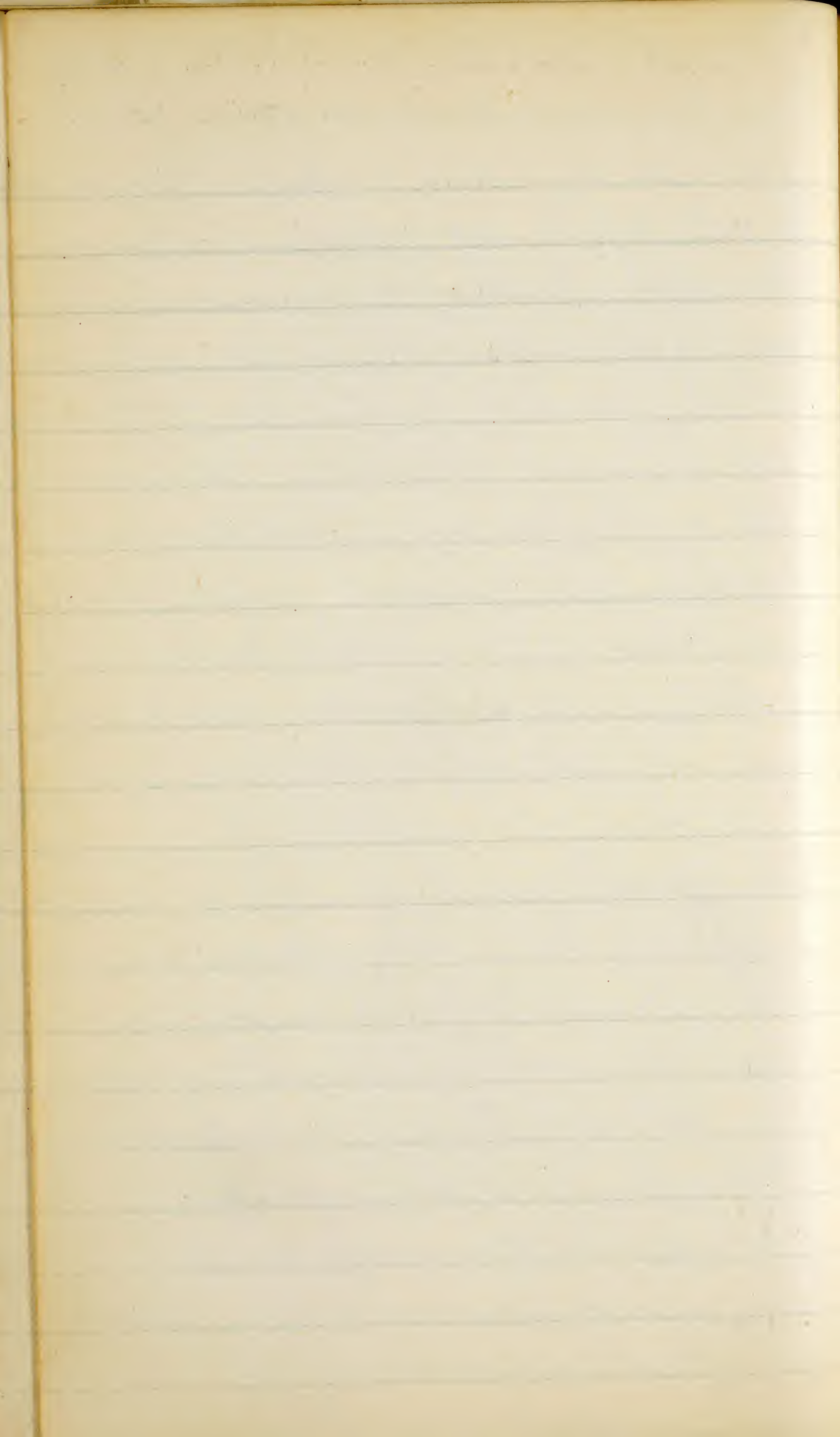
Treatment when hand is small; no
repell. of water then buta. on the other
whether weak or of asty zinc or
when one ear is affe after the affe goes
over to the other.

Forstoes in outer ear. often collect
masses of sebous. get behind them
with a long thin tube or syringe
gl. searator in scrofula & repeat



The next found the can with no force
of adhesion but attracted the soft. P. from
under the can. soon the small ch of P. which
5-8 to 3 fs. 10-15 ght at a time
in the can. Make them creep with
the left hand. Then get a few
molt. One day the whole then
the next the contributing other
observing the trouble but a few pairs
intervene. In next phase find
the blow in the air the the called
the next next putting the eye
down up. & the apple blow in again

See fewer canes, rather distinct
in the can than any other chance
either the embryo tube & middle can
is attached with perforation of m. line
or (2) the middle can & Labyrinth
is attached without perforation
Laby appears in this case. do not
commencing come in 2 or 3 after
the attack & middle & off with
come in shortly after it



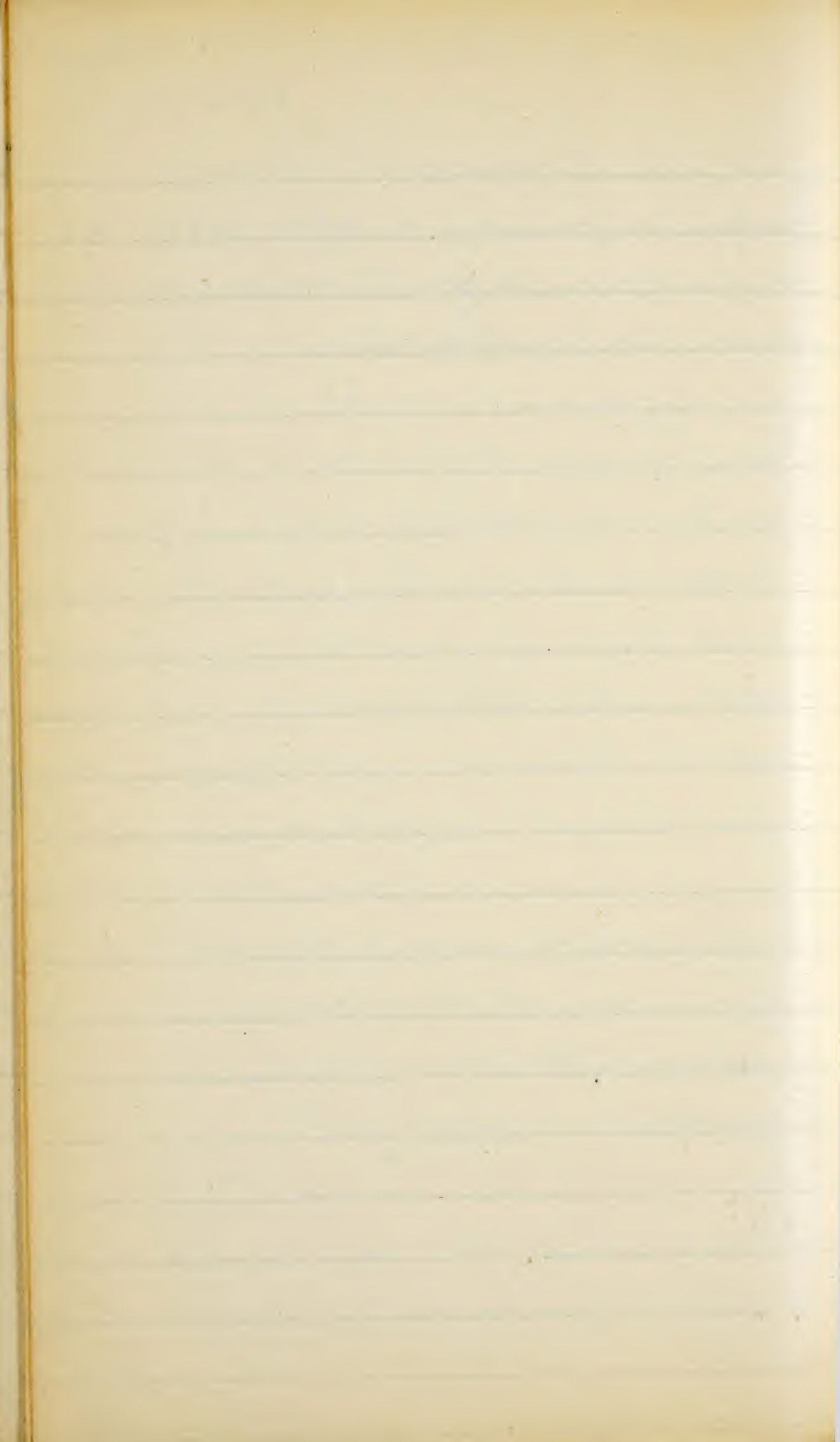
Labyrinth affection come from / identify
when no perspiration has taken place
than when it occurs

Wagen 1894. artif. m. h₁²/₁ p. not to be
used in cases where the hammer is base
in the the Dorybacteria

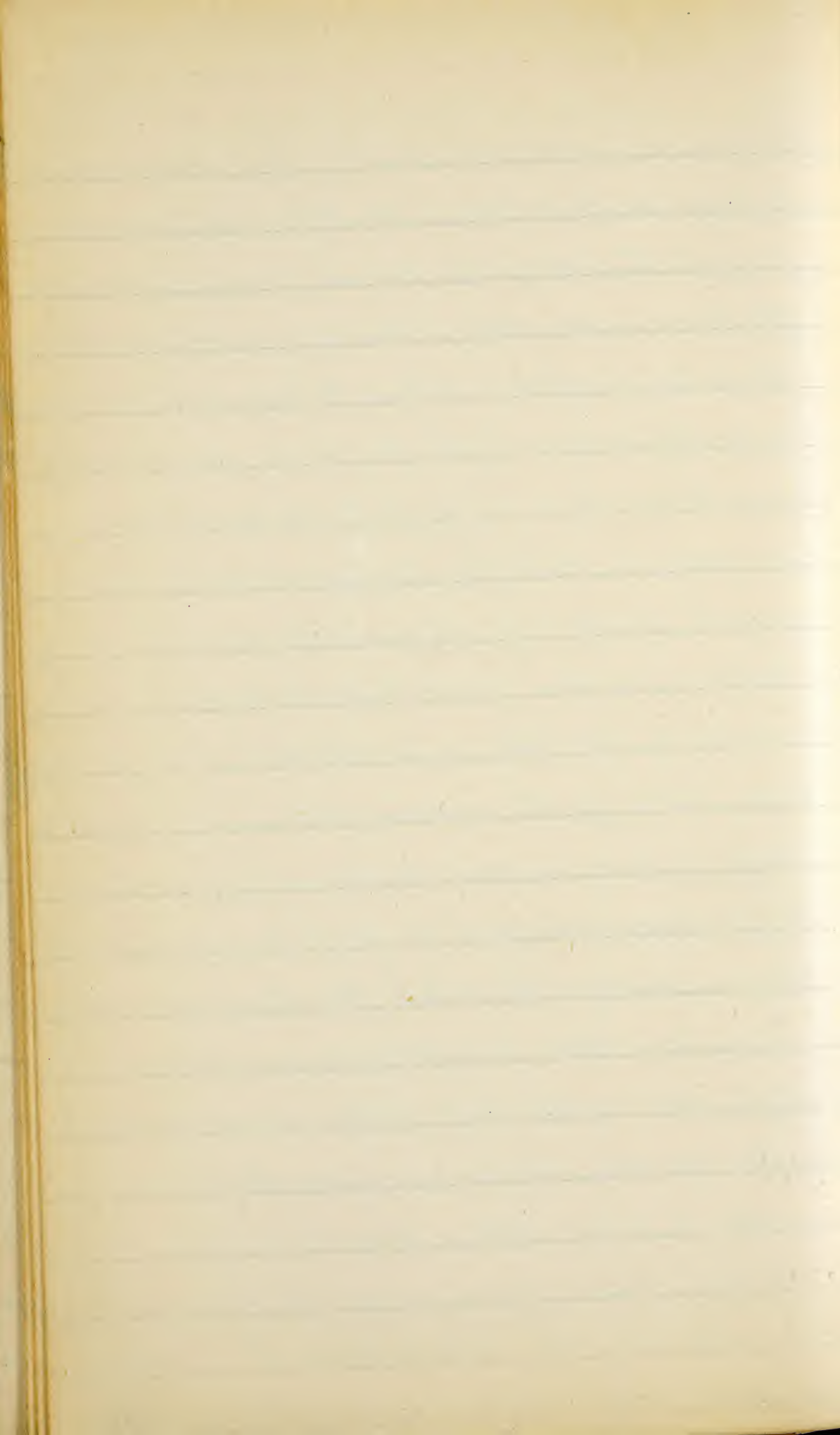
The ^{tuberc} pericarditis of child. Many 12
gradually get better (2) may go on
to permanent exudative pericarditis chronic
and dangerous for some time (3) progress
higher & child goes up in acute tubercu-
culosis. The important thing is the
recognition - & give medicine

Sarcophages a probably growth from
from a nasal Rhinocera. are always
pericardial like a polypus. See on
contingents. 2 cases of it

Case of cramp. ch. 1/2 y. very pale
then cases. See very pale

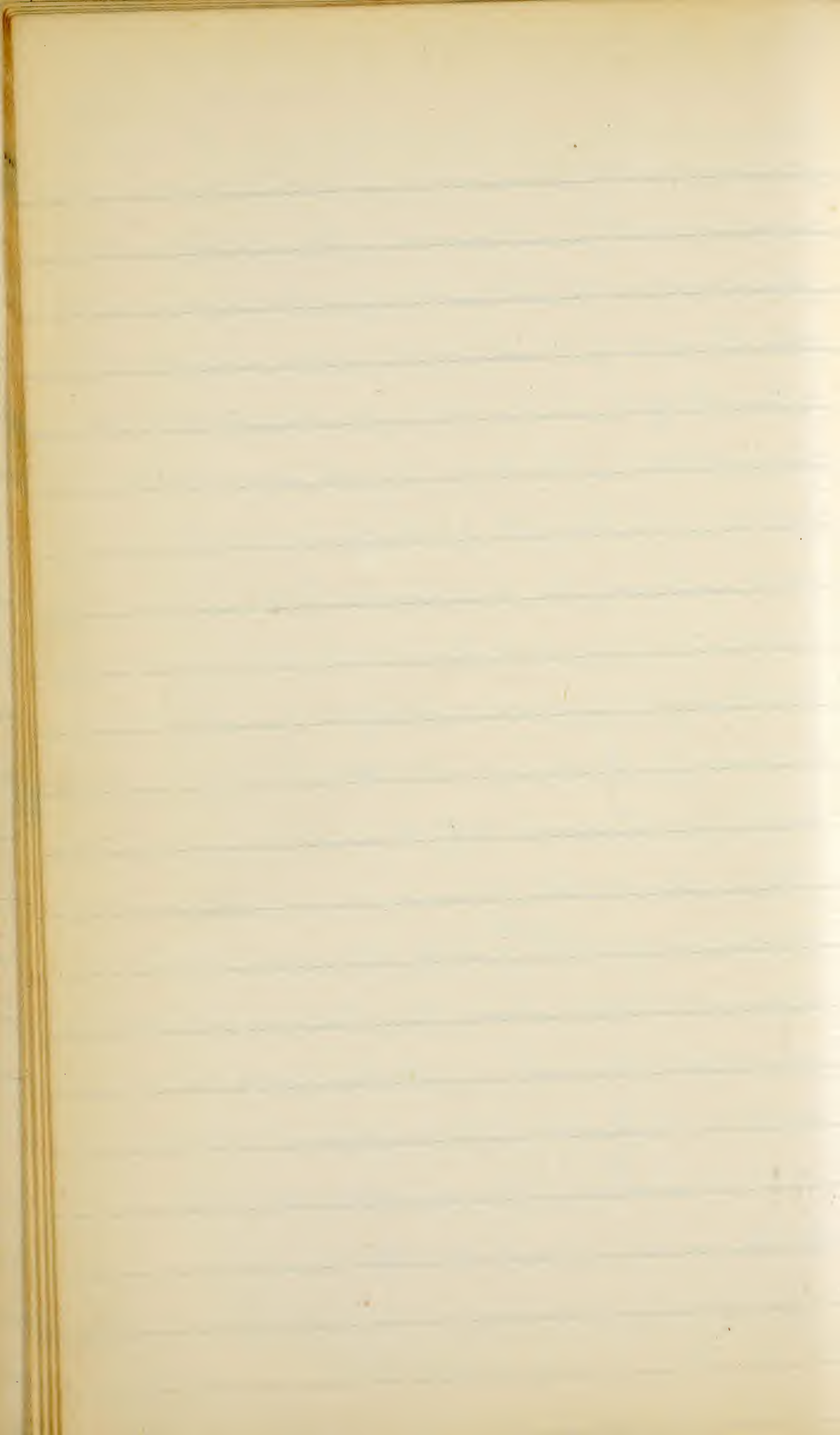


Artificial nourishment. Animal milk
In diff. lands different milks. In cow the
cong of it is diff in. Wom. It is quite fine
for other uses. In cow milk the
clumps & lumps a long time to dig
This is the essential point. W. more
easier than cow. so add. W. less. easier
than cow. so dilute. cannot alter the
weight properly. C. milk must be
thin & add sugar. Must be fresh milk.
Must be boiled. so it will not alter when
fed. Cut off the cream. W. more water
add. milk sugar. Better not to cook
for it unchanged is best. In inf. difficult
1/2 p & 3 ounces. If scitil the day for 1-
2 months. 1/2 - 2 whole. a new born
child. 1 p milk 2 p water. L. ch. a month
or end. 1 p m. 1 water. o.s. at 4-6 m
1 water 2 p milk. Milk sugar
the best. May add unclean powder
sometimes tea ^{from anti-animal} but not good to combine
it. Soup also added & good. Some add



candi. or arrowroot. a dash meat and
good I cannot digest. it has no salivary
or pancreatic juice with it. The nursing
canny colic &c &c. Some adult each good
occasionally. Then mix the milk with
flour &c. & put milk good some mixed
with it 2 p of soup 1 p of rice or cereal
part of 2 p. milk 1 p of soup. Set lens
dissolve with this. Vogel says better
can mixed with alkaline water. It
mix with milk 3 p. sugar 3 x 1. milk add
a little powder & the milk when you distribute
Doubtful of any good. Lying with the thing
(I recommend feeding the child directly from
the can) I soup diff to make
make. Can milk meat.

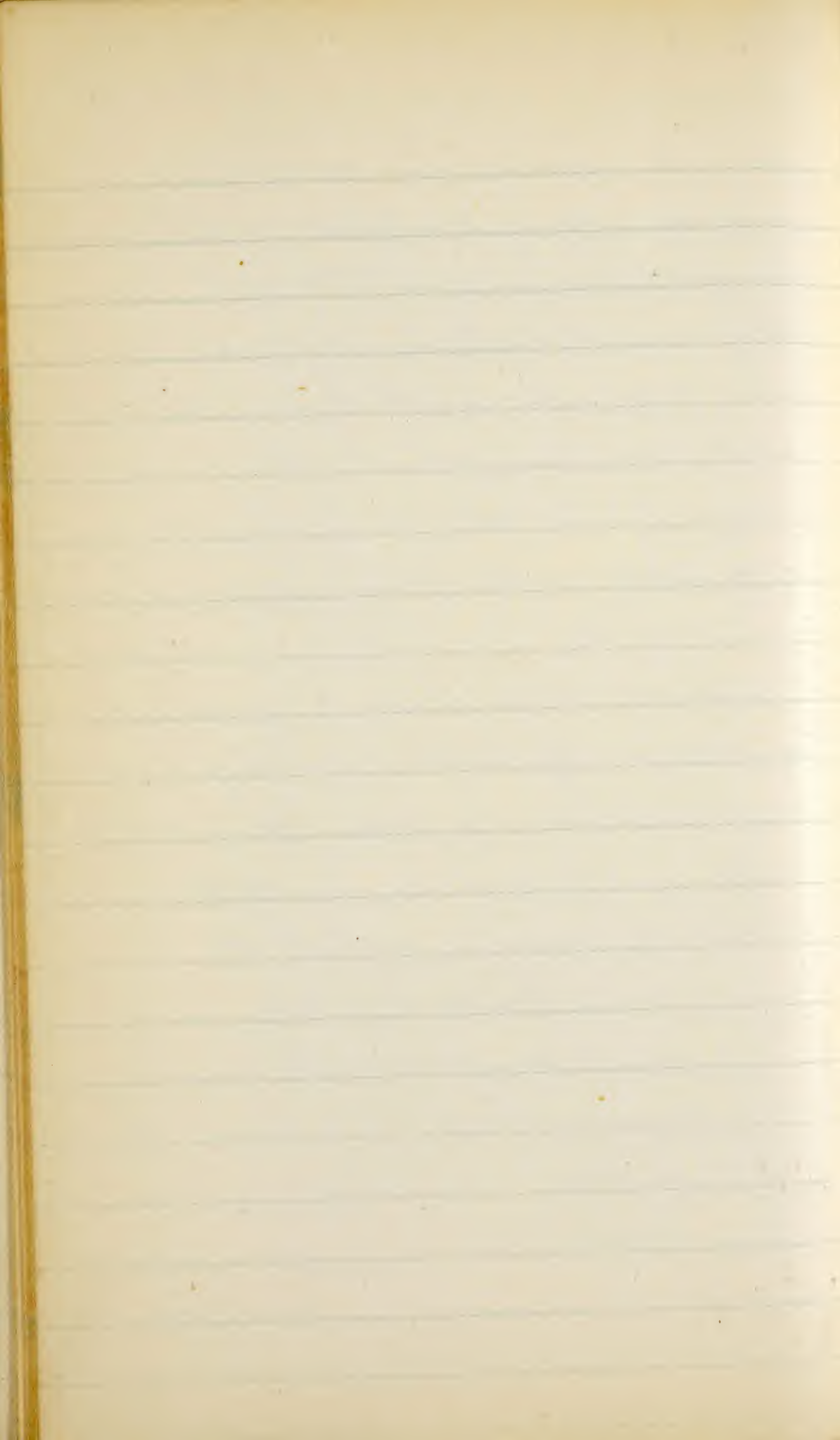
as a sugar of 7 ^{or 3 1/2} g of Koler can (Lub. & 3)
S. of Hart (Hobbs saw) 3/4 g to 3. 1 bud 9. 1 bud
crane, powdered. with the 1st when
mixed & 1/4 for the 1st meal
& with 10 bud. make a mixture
add the milk slowly to the meal
a can with 2 can. then mix of the 1st & 2nd
& with the mix & let them be hot
water for 1/2 hour then strain the

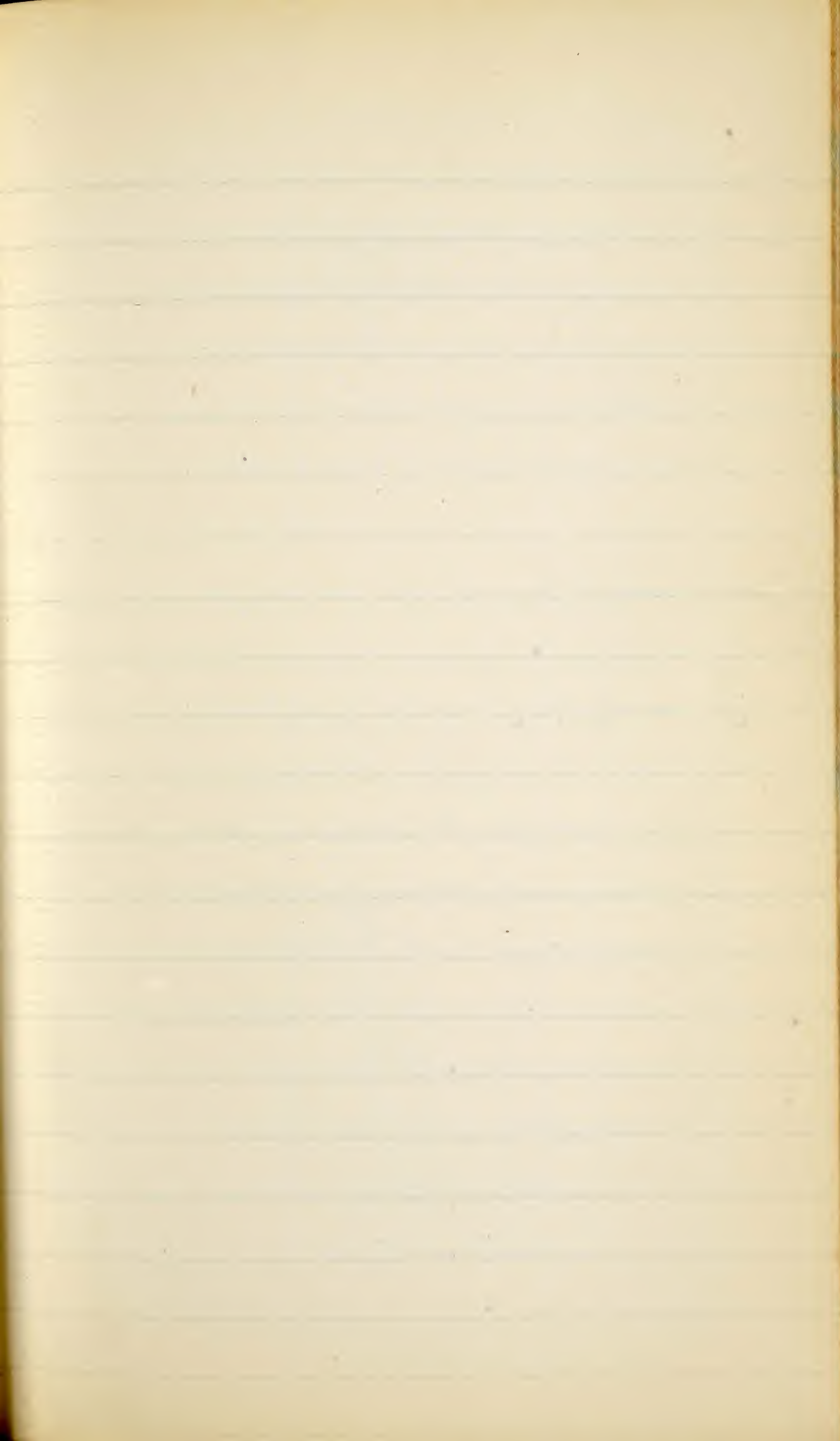


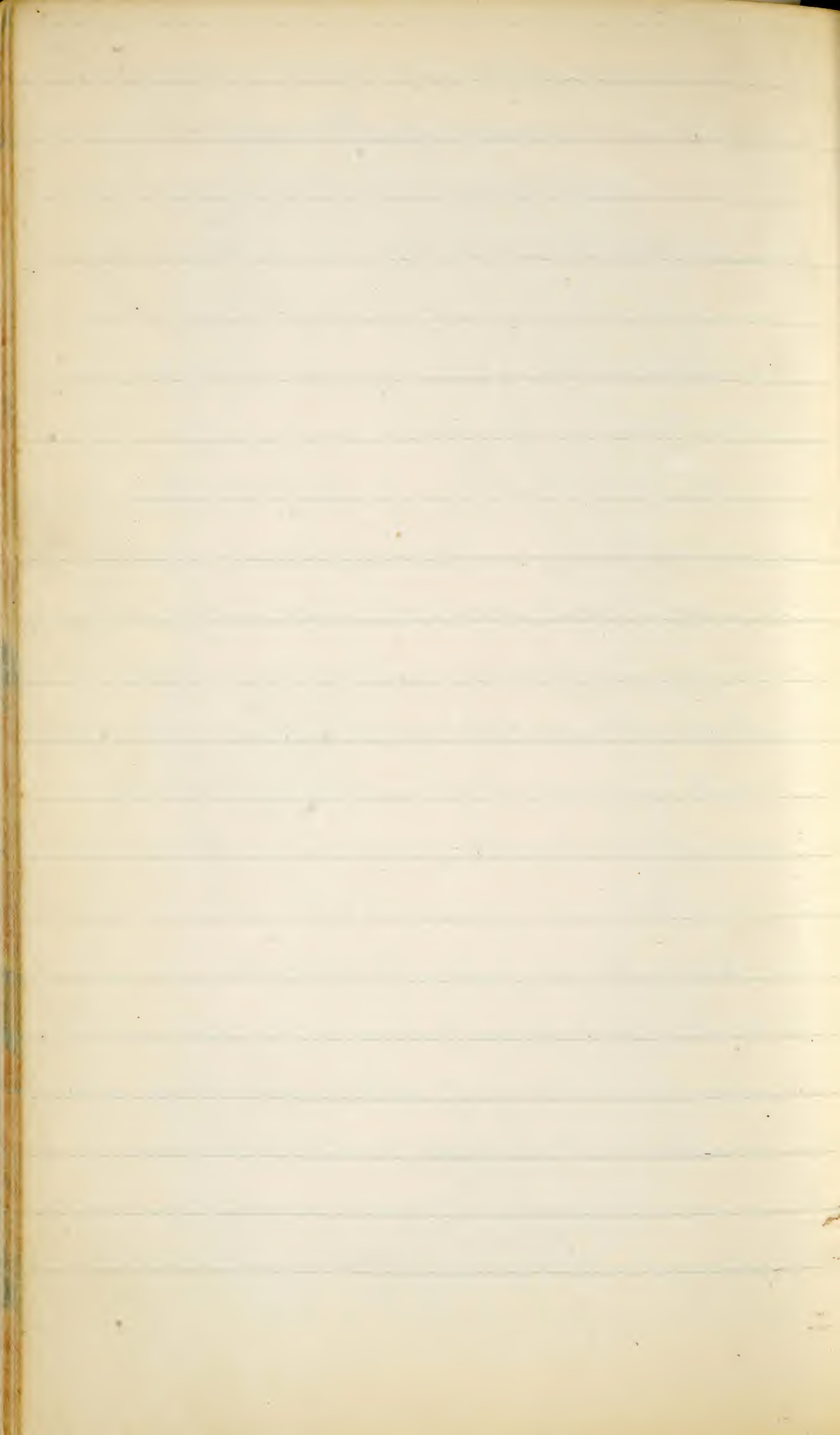
cloth & ready for use
and nature, for a day for 2-3 months when
any 1-2 months on a boat then use
a good butter the first - difficult-
to multiply in ^{1-2 months} in ^{that it is} two
strong must double 1/2 lb each 1/2 pint
Lb. soup. In short, well done, certainly
good. Can be mixed with many things
Cakes of milk, better for the small.
of butter with a little coffee

Cow milk 12 lb standard & Lb the
cream layer off. Little more 2-p or 2
pinto Mottle. An cream 4 lbs pint, 3 lbs
milk in 4 lbs cream. Must then
Mottle with sugar. ~~and~~ Lb 13

To make the Mottle use. When used
in vinegar. Must be fresh every day
It is complicated but rational







Bamberger's. Clinique

Care of Pneumonia & pleurisy. Both have been d-
sting dyspnea. Arterio-atheromatous, under-
portly old. heart-cath. liver enlarged.
intermission. Face cyanotic.
Dyspnea arises from both lungs being affected.
probably on the increasing pressure of
these lungs are not quite healthy & empty
arteries. Then the fever is another
cause in dyspnea. as I would say
that the dyspnea is strongest before any
separation. latter place
The nervous system. The weaker the
individual the less influence has the
nerve centre of the reflex at present.
The weakness of the heart always
aids in this dyspnea.
Prognosis is bad in these old people
with double Pneumonia especially in weak
and enough in young persons.
In these cases support all the time should be
given in camphor, etc. But
I have here Inf Red Scurvy, Lungs & Lg. Am. Am.

Case of Albuminuria 135

Cause of the disease

Fluid in the pleura, a drop in the body,
Fluid in the peritoneum. Patient anemic
Liver hyperemic. Album & cylinders in the
urine. When appear could come from heart
either valve or degeneration of the sub-
but none of these evident.

Liver might cause it all. hyper & drop
followed, an anemic incident might
cause it all - as in nephritis. Spleen not
enlarged however. Come down to a
primitive disease of the kidney -
probably an interstitial form but not a
pyemic one.

The big drops is the chief thing to watch
good nourishment. Diaphoretic
warm bath. Quinine. Sea air. &
Kali acido.

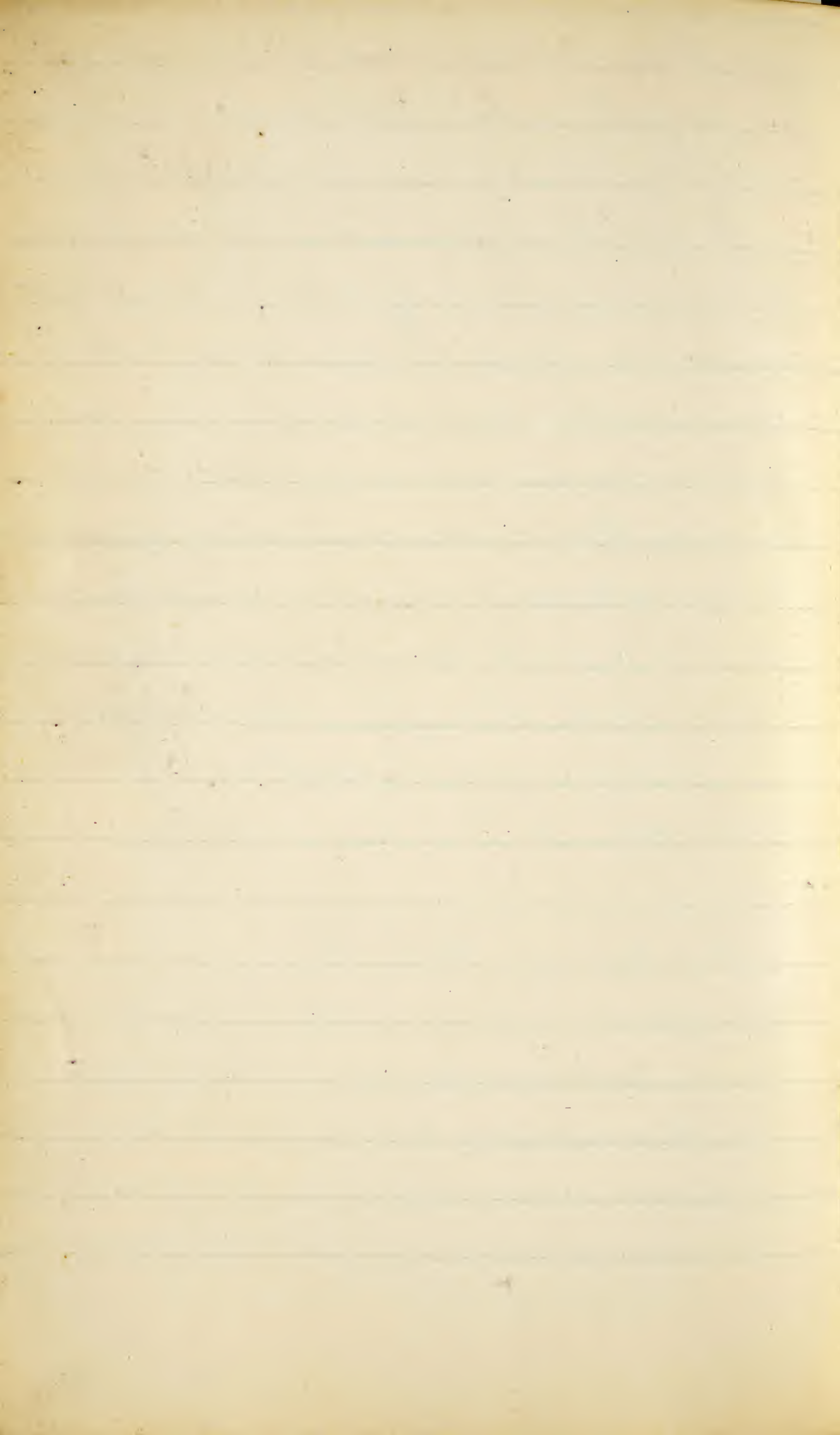
Pleuro-Pneumonia

a subacute case - left side. Duration
4 weeks. Such cases are often
of a purulent character & lead to
the formation of abscess in the
lungs & perforation is not an
unusual complication. Tubercu-
les may also occur in these
cases or the caseous degeneration.
Behaving very specific method
not to be used combat the fever
support the strength. Quinine ag-
ainst the fever. Spectramin.
Orange for II

Stenosis of Mitral
Valve. Right heart hypertrophied.
Systolic & diastolic murmur
at the apex. Pulse weak & hy-
pertrophic of left ventricle. Has lasted
many years without producing
any symptoms till 5-60 days
when an attack of pleuritis &
now an emphysema on the right

side, not any exudation but an
inflammation.

Pneumonia capillary. Minutely
a dense effusion & some firmity of the
Pleurae you hear but the pulse
is nothing. In this case I believe
there is perhaps a slight edema
of the lungs for the above of the
right side. General appearance
of surface very slight. A little enlargement
of liver & slight albuminuria
in urine. Treatment. Heart
weak & irregular. The indication
for Digitalis, 15 gr. to 30 gr. of
a calah of R. S. 15 gr. 30 gr.



Hæmatemesis

9th 30. Causes (1) Mucous ulcers

(2) Carcinoma (3) Angiectasis pænicæ

from either thrombus or closure of the Portal vein or else. Affection of the liver itself which obstruct the passage of blood

thru it. (4) Heart & lung affection also may cause (5) hæmorrhagic erosion

in old ch. ulcers of the stomach

May arise in certain dyspepsias

as in Scirrhus also the acute Catarrh

of stomach. Bamberger does not think

much of peptic ulceration as

a cause of Hæmatemesis but thinks

other causes will be found for the

bleeding if sought for. This may be

a duodenal ulcer or even an ~~esophageal~~

and no. Pain in duodenal ulcer comes

later after eating - 3 - 4 hours & occurs

regularly. I write a paragraph of it.

Still in stomach the pain does not come

regularly & may even be five hours after

eating

Give antipeptic nourishment by clysters

1870

1871

1872

1873

1874

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1900

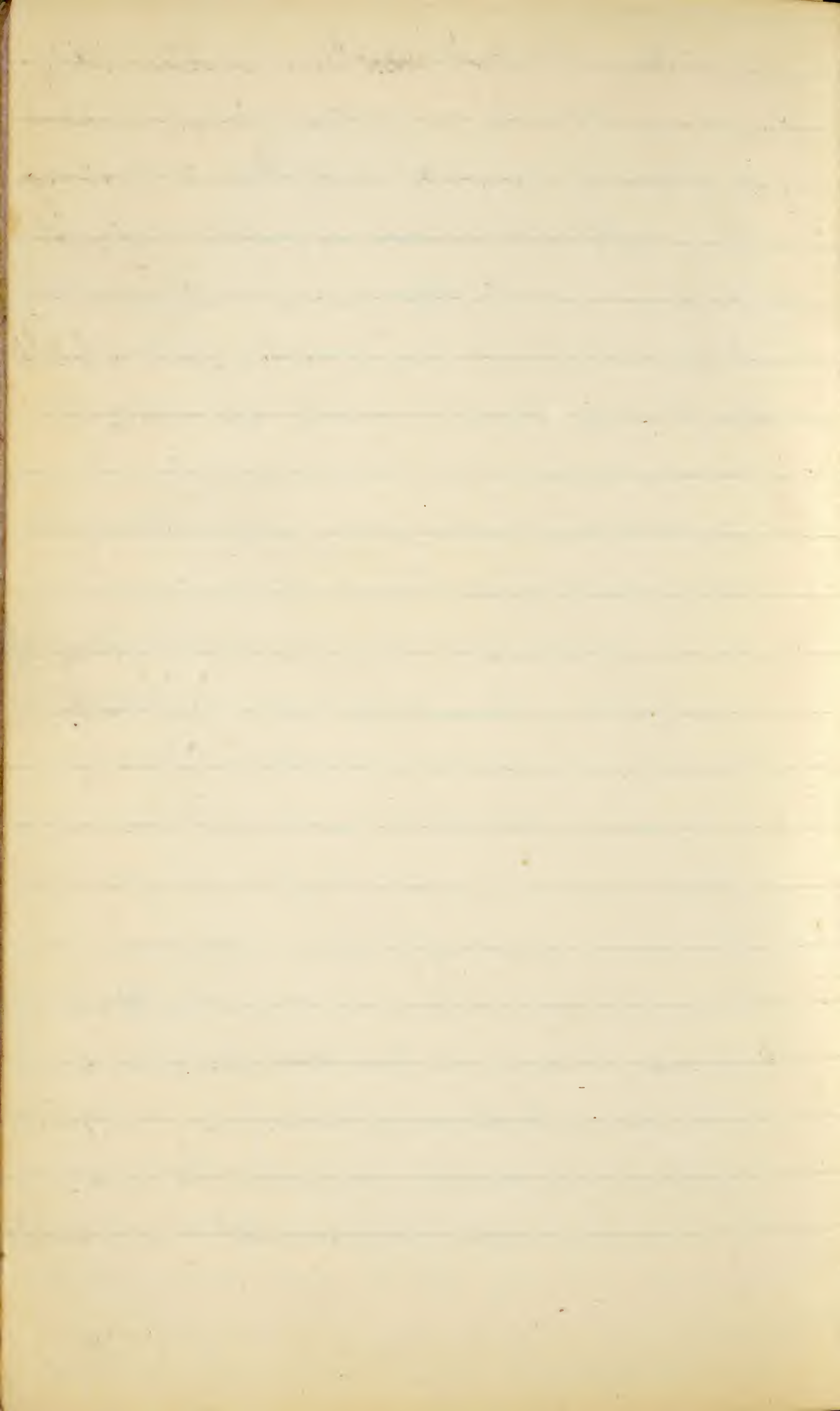
by chylsters. Sit ~~swallowing~~ internally
but ice to eat & cold compresses
she ~~gives~~ in bed. After 8-8 days
try a little milk or broth & if not
well borne then go on with the
chylsters. Much pain gave a little
Opium. Of course she needed some
sodium

Care of convulsions

Child artificially asphyxiated & they
arise from disturbance in the intesti-
nal canal. Has had them in suff
for a day but the central cause
of them is rectified by the fact that
they have been so intermittent.

Change the diet to milk, sugar
Peppermint & Calysaur. Many give also
of chloral or chlor when in the fit
A child may die in these cases & no

trace of anything abnormal to be found
A wet nurse is the thing in these cases
arising from disturbance of the intestinal
canal



Give $\frac{1}{2}$ gr of chloral each half an hour
if no effect give a gr each an hour
" " " give another if the
feels then chloroform.

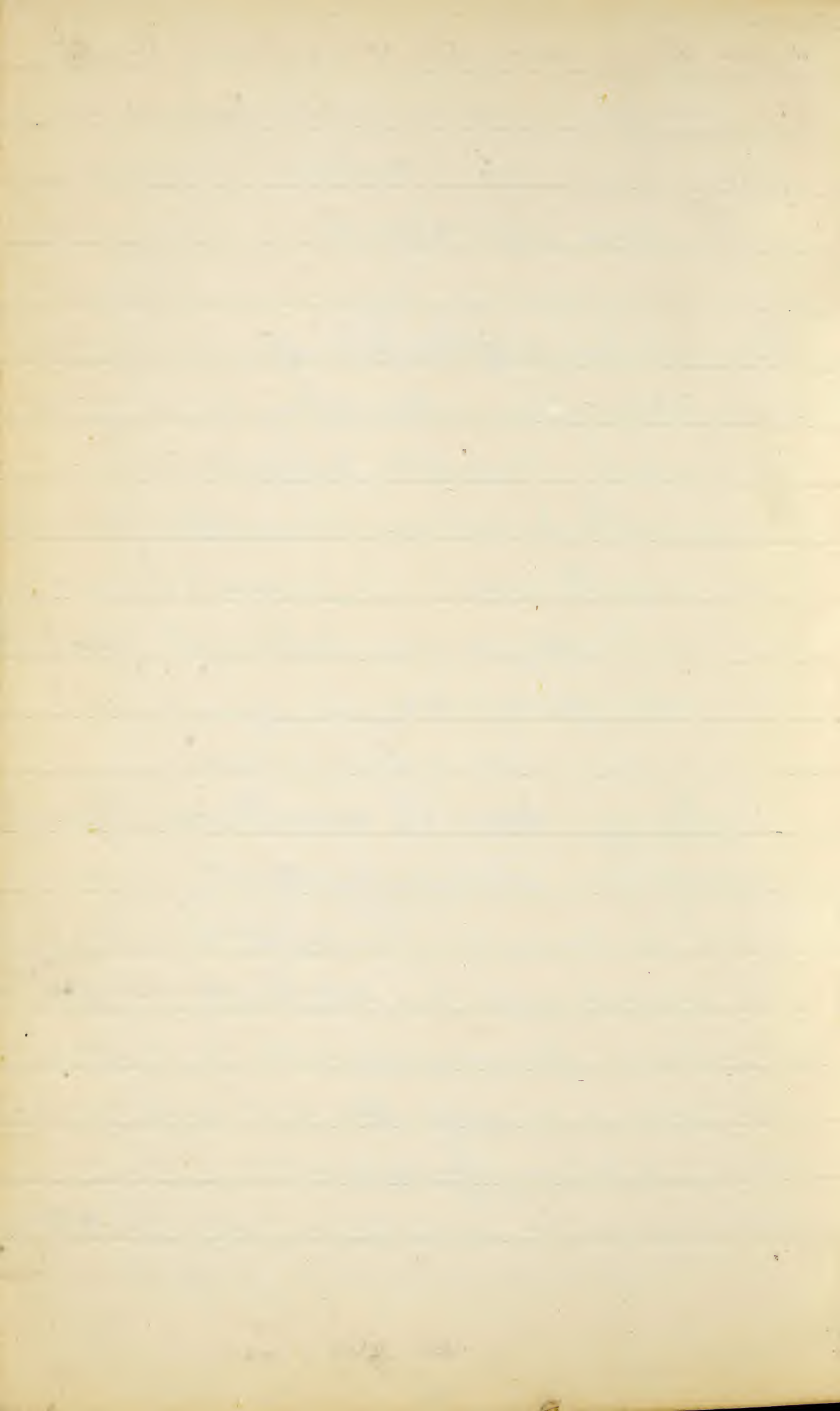
Stomatitis diphtherica. If a bad smell
give chlor. P. S. internally. Local also
to be used. Rub of the granules with a
high skilled scalpel. Then apply Ch. Hals
a month each. In some cases when
the granulation is very obstinate apply
the Hals curet.

Teething From 7th month on. Many
affections put down to it. Occa-
sionally born with a tooth or two
in normal condition the teeth come out
in flosses. From 6-7 months to 2 $\frac{1}{2}$ years
at begin of 3rd year the 2nd teeth come
+ an additional number.

and come the successors about the 8-9th m.
month. Then the four upper incisors
at end of 1 year 6 teeth should have
erupted 10 incisors the 2nd incisors & 4 back
for 18 m. the four eye teeth

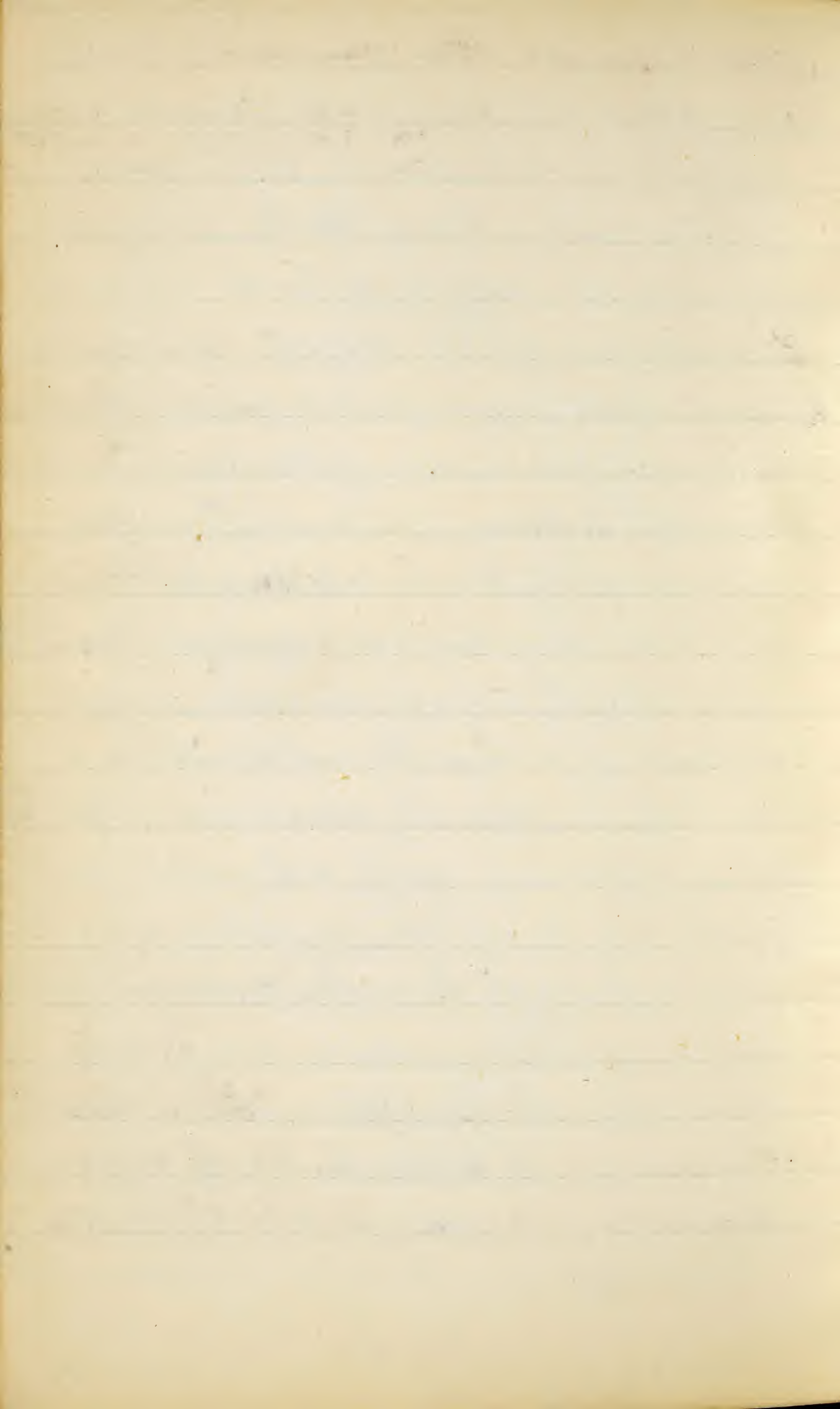


over the 2 yrs the other be all teeth
from 2 to 2 1/2 yrs all should be
present. All Reach chd. are
backward in their teeth may be
12-14 m before a tooth appears.
Symptoms of the period. When the
the jaws show numerous points of pressure & the sponges of the teeth are
then out is every likelihood of trouble
Gum flesh is tender at these spots is
swollen. Can we speak of gum trouble?
yes but only when the teeth are just
appearing as a result of stomatitis &
inflammation of mucosa. If mouth full no. 3 heretofore
a. Gum trouble only if a stomatitis is
involved of the salivary glands & an exfoliation
of a slight diameter. The use of ^{is any} ^{the} ^{use} of salivary
gums. An eruption may arise but
also not, with the stomatitis. Another
change is not caused. Long standing
eruption not cause. Nor do I know
cause of teething. When a child has
into a disease & in the teething period
income of the ^{dental} ^{applies} ^{to} a tooth is



as two comes this caused by the
abnormality. This is sometimes seen
in 7th. meningitis, ^{& the whole disease is put down to it} some say
a phy. diarr. is set up at this
period. but not the cure

Still letting out with out change
H. develops subulidly. Orad body
sail happens from 7- 2 1/2 yrs trans-
duces. come in also with the
subulid period after 7 mo. a total
diff. ^{ment} ~~mouth~~ & a develop of the
intest. period. takes place & causes
a diarr. & catarrh sail, set up
Only when a local change is present
in the mouth can be caused any affec-
of this period of the letting out of the
affections. Let the wild teeth fall out
never pull them out unless change
are in the gum flesh. which under
the passage of the permanent are very
different & they are apt to pass up
irregularly

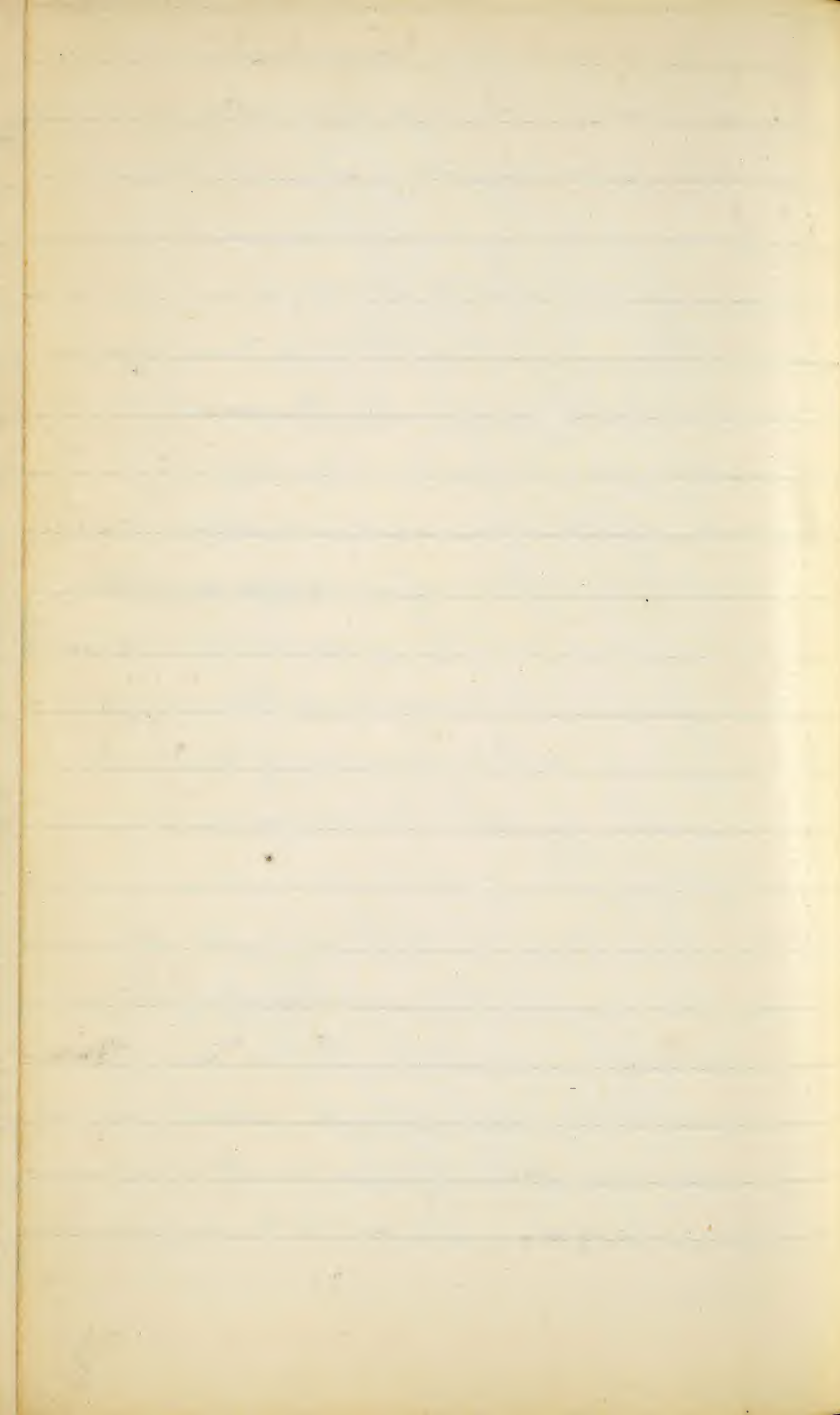


Care of the "Hemiplegia". Warm bathes. two
a day at 30° - 32° - remain 20' - 30'
For the cutaneous inflammation

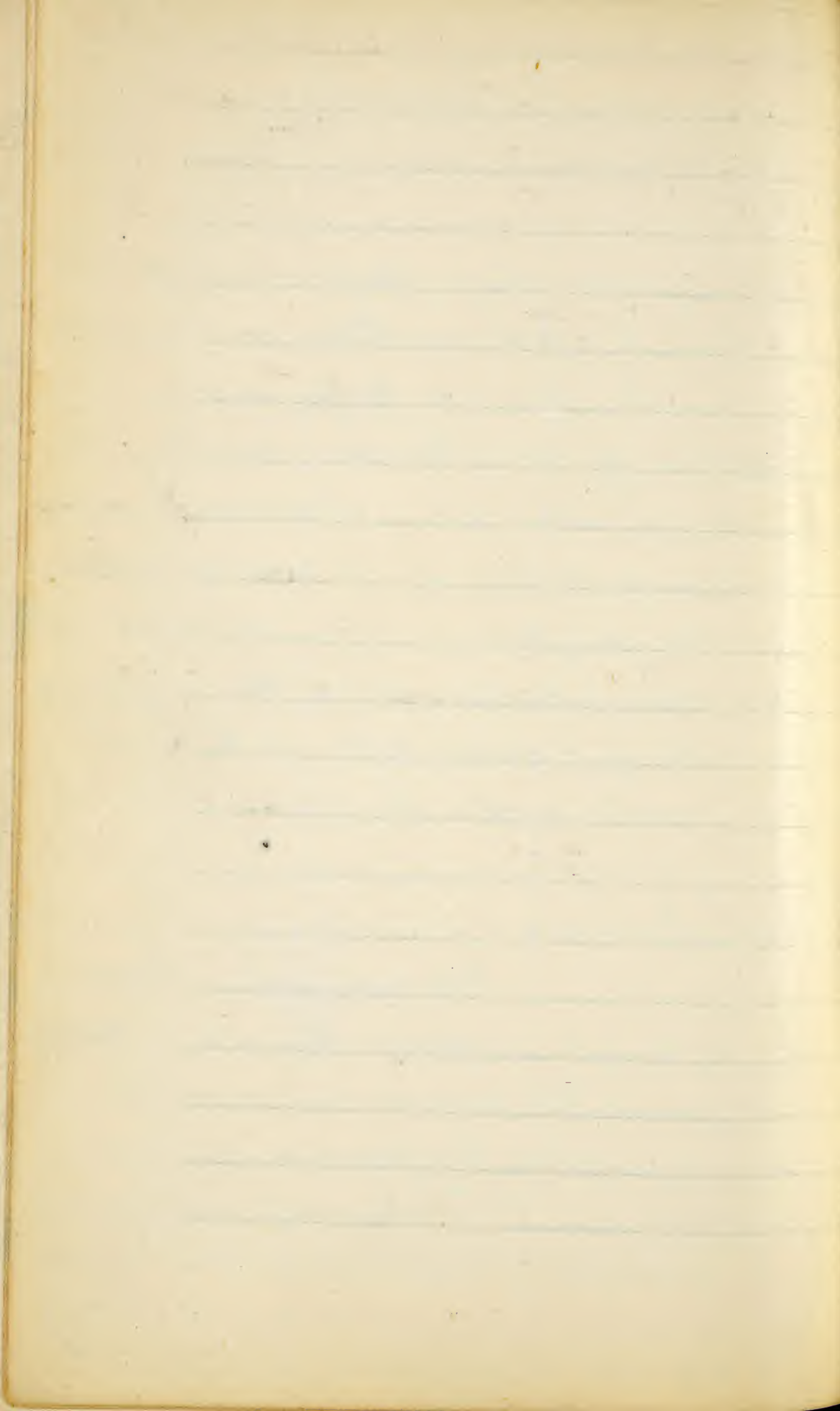
Laryngism. dry. most plentiful
in damp cold weather a. 1 March.
Water clutches. & Ly. fer. lod.
The case of anurians. better
had in all 2 1/2 gr of chloral betw
12 am & 10 evening. & was given
all the night. & now has had
two convulsions during the morning
had 1/2 gr Peppermint after it 8 gills to ^{and more}
3 ii of water & after it. more.

Convulsions

Very general. Reps
only so superficial. Sometimes can
not find the cause but more the
less of symptom Eclampsia. when a
single seizure ^{lasts for a} when chronic call
it Epilepsy. In fact you can have
many convulsions or may be Epilepsy
& difficult to diagnose as cannot



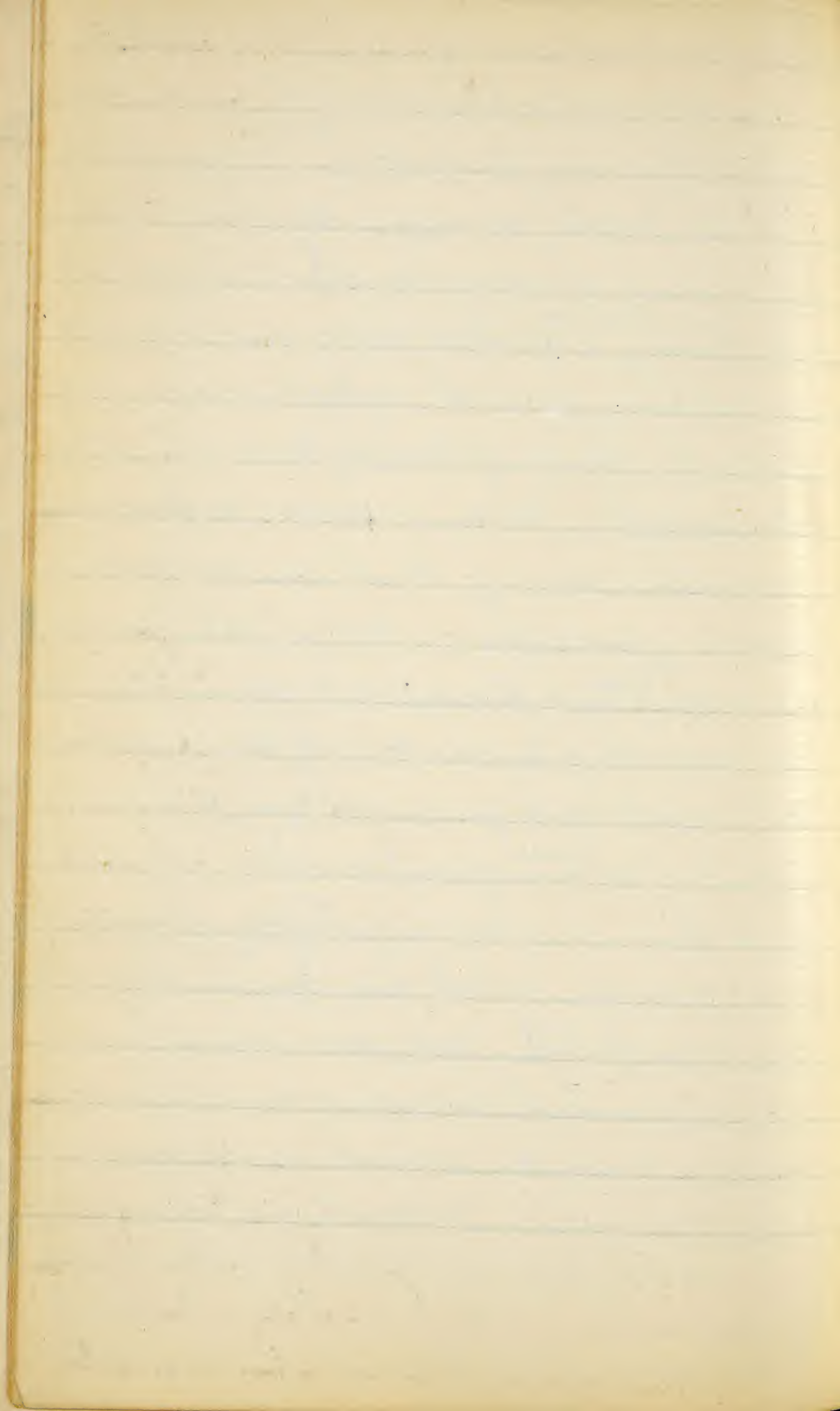
all which it plans to - concern. but if
they continue into the second year or
third it is an Epilepsy. ^{It is} A symptom
^{in ch. convulsions} in old people ^{to} a sign. when the
old have a sign or ch has a convuls
in Intermittent ^{think better} a child will have a convuls
in certain period. subjects blue before
without spasm of larynx & get hot after
it & sweat. Many forms. Hyperemia
of brain. cause of Pertussis. Lobular
pneumonia. Croup. Pneumonia. All forms
accompanied ^{young} other diseases are usually
the result of hyperemia of the brain
Hot. head red face. conjunctiva, narrow
pupils. ^{lession} spanning portmanteau. carotid
pulsation, are the signs of H₂ of brain
In these cases cold. use. for the head
-ing draw blood. but rare. Trepan has
recommended cramp of carotid as
a means to stop the current of blood
in extracranial. a clyster. ol. Ricini
or wet crump on the body. Awareness
of brain also. can result for blood lost
among children. or in long cases



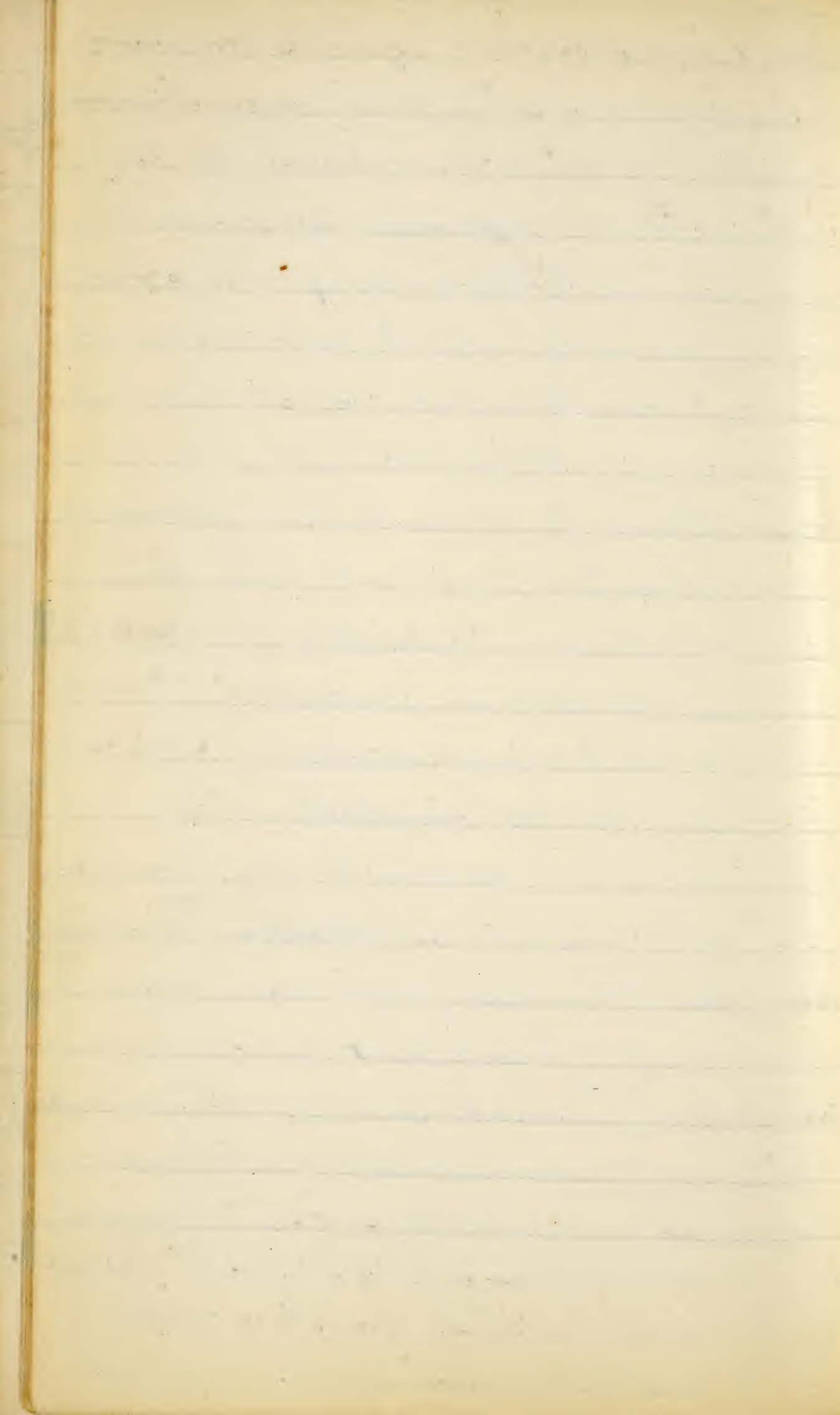
direct as Typhus & see in this apper
in the convul. convuls. from Anam
Gum Fr. gum. & good diet. Anam
in new born is opper apper to the
hyperem cool head. inquil bent on
much bed with spirit not cold much
lost after the stomach. anovative. dypsi
Anam. om. & stimulants.

Each stimulant can produce a convulsion
from outside. Pain in Bowels. colic
intericti. Anam in Broken foot can produce
can from an abscess. No stimulant produce
usually not cannot produce convulsion
chiefly from bowels & dypsi. Also from
a stimulant can produce. T. The worms
sometimes. We have not it seen it without
some other thing to be found to account for it
Some think Epil can be for

Convul also ^{can be} from some diseases as Brain & sea
Meaning complex & come early with fever &
hyper & are ^{the} 2- day the conv ^{the} 1- day the trich form
come later & form a point for diff diagnosis
as they come not till 2-3 day or later.
in 1/2. chor come more when a great



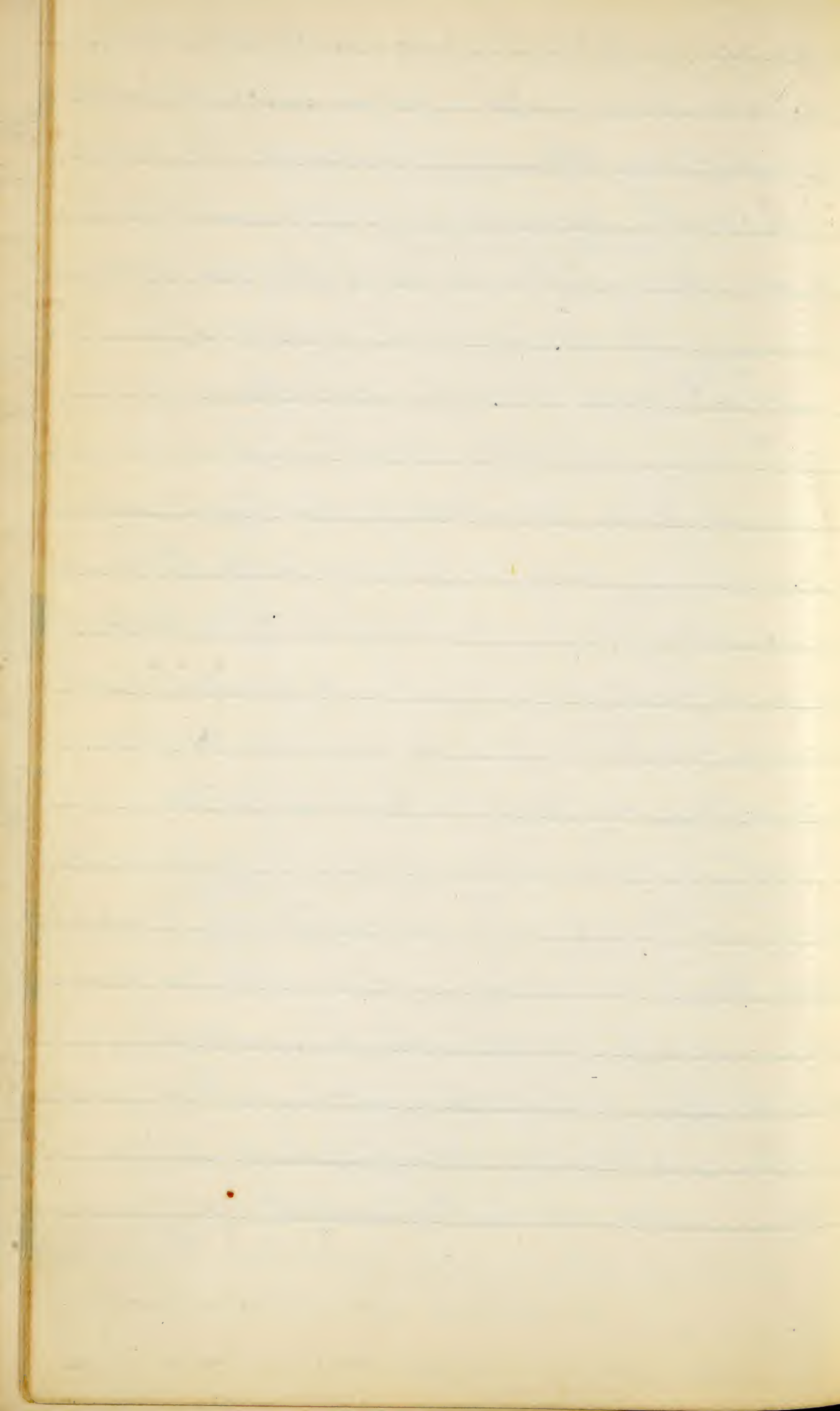
enlargement of head comes & scales present
such ch often suffer from convulsions
by apoplexy etc. come also in h. come
come with, sometimes. Tremors in
human also, ^{but they are accusp} with paralyse present upon
stomach. Some convulsions are more
frequent than local, much more so
than ^{able} may be reflex, partial point
lead to a local dis. often brain
come also by ear inflam. with otitis
middle with pain. On the side of the diseased
ear it will not lie. & a useful hint
comes sometimes from a common dysphasia
spreading up the Eustachian tube
function. when a ch has a long trouble
when catarrh gets convuls, ^{come} as chanc
after the first sleep, after an hour
spring up. & go into a convulsion
cut off off naturally. Also in the night
& after a catarrh. Also sleep from
begin usual in the night.
by all these reflex conv. look for the cause
if find a full storm put the cause &
the indication is plain



Hypertrophy of the trachea common in
these children who are usually Scroph-
lous. Breathing often hurried and
hard swallowing. Muscularity
of legs is large that it impedes
respirat. & so hinders the development
of the thorax. Thorax not good with a pectus
but with a broad & salpled
anterior followed by an oblique
contract which will not allow
the respiratory method. Cough with
"cough" no good at all. To induce
inj. in them is no good

Rachitis development.

a Ham in dev of skeleton & consist-
the salts not deposited & the conse-
quence softening of the bones
Before process the long bones thickened
at epiph. In middle same table place
than rest of bones & same same
process seen. The Ham only. That the salt-
not deposited why not. we know that
I shall find bones soft. light than

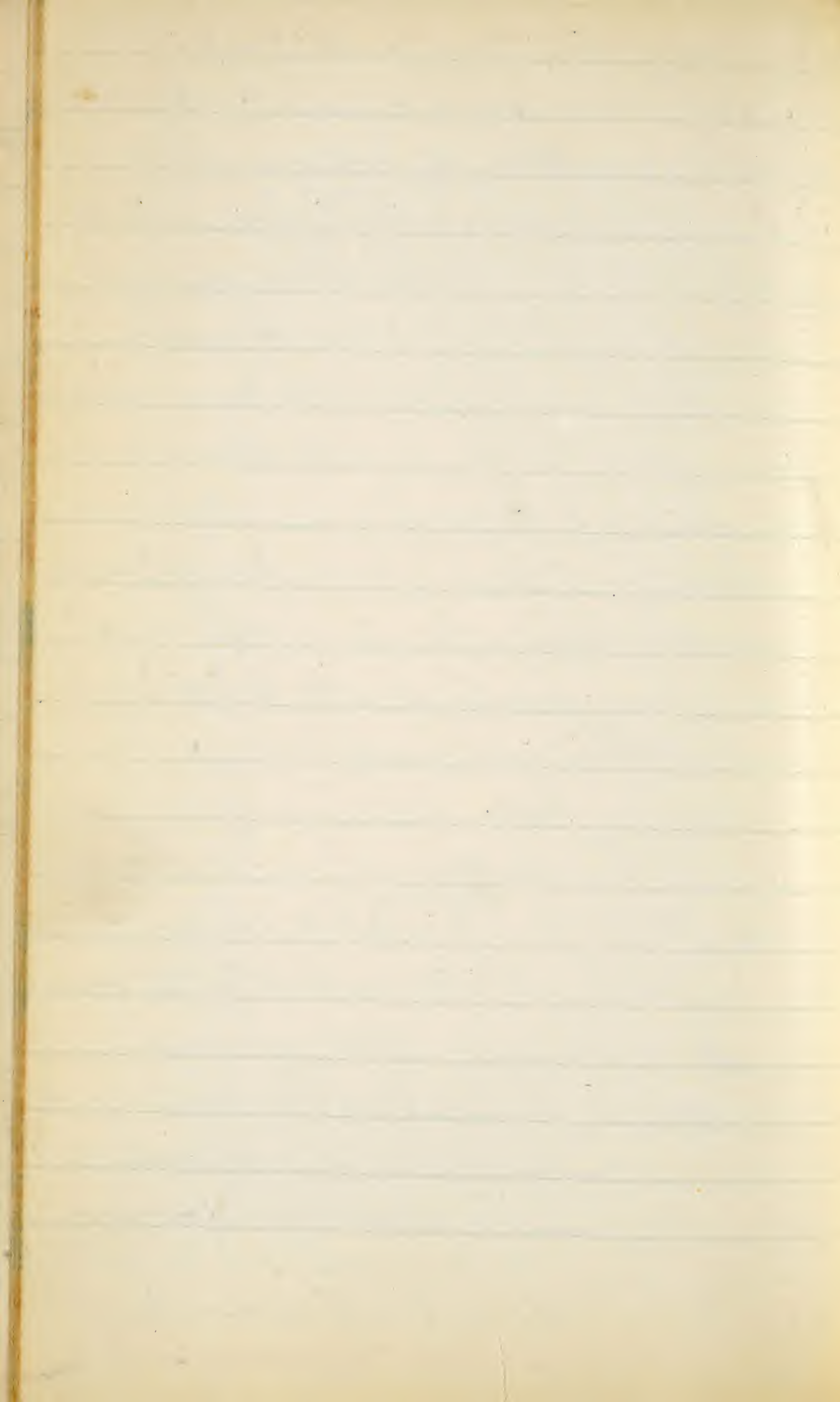


more succulent. thickened. at first
along the edges of the sutures at little
distances from their margins. & in
looking thru the light spots correspond
to these places. The Rach. anlagen
in end of first half year take place.
Can come to world with a congenital
Rachitis ... bones of rachis child
do not break early or not at all
- gran- shell protein - . Sometimes
when the disease comes on in 2nd
half year it may skip the head
& only attack the limbs.

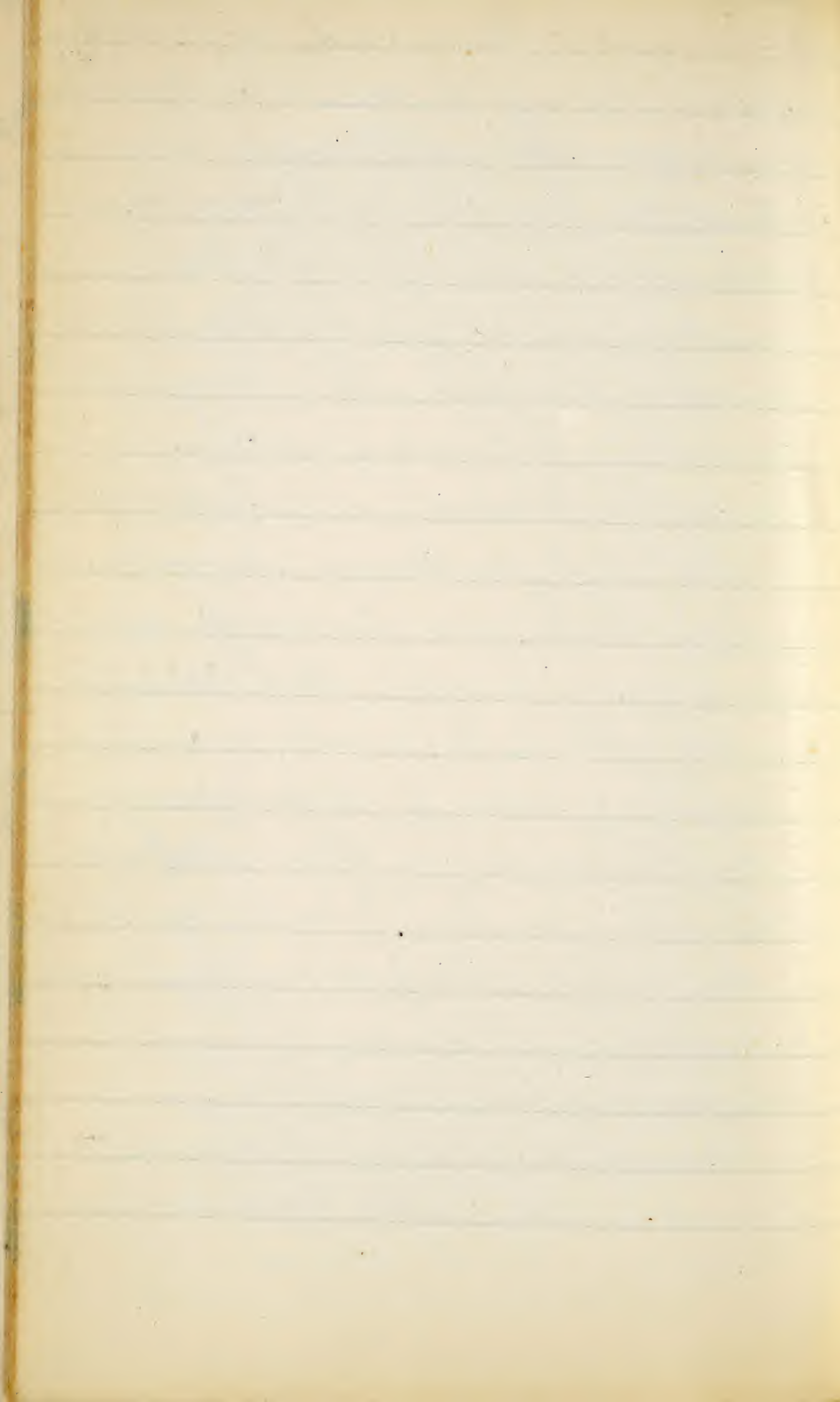
Thorax. a. can. of ribs. mostly
the the morning when in ^{left} arm
is supine and they. of the left arm &
the corner is towards limbs. 7 cm
length of sternum

(Chronic catarrh. & Rach.)

Pleura is sparse. in rachitis.
which & those who have enlarged
& inflamed bronch glands.
at the apex along base the trachea
& bronch granules transmitted here



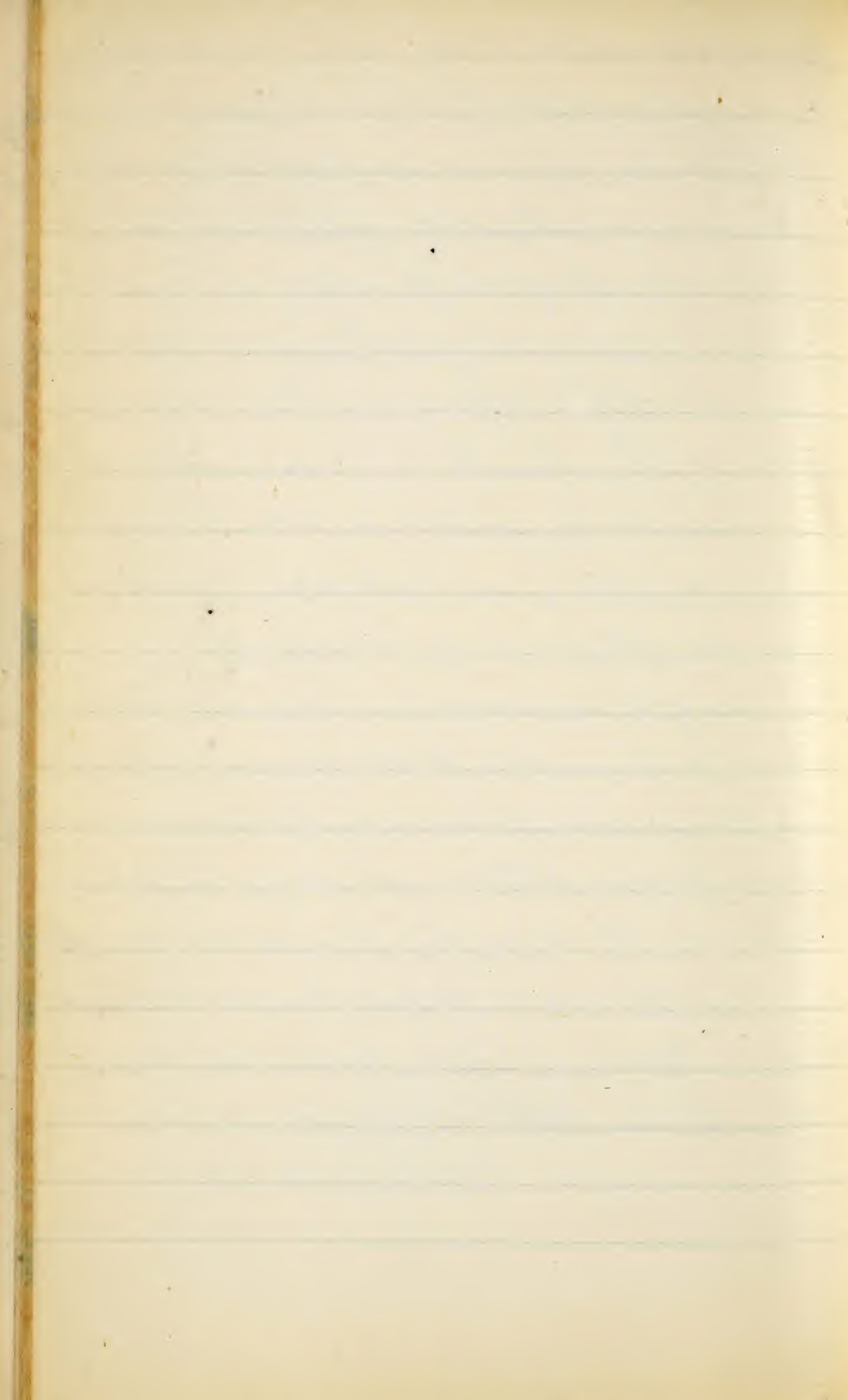
When rachis when outer glands
are enlarged of cancer. Perforated
all speak when in contact with a long
standing colic for ^{hydro-} enlargement
of bronchial glands. But if the
st. are removed great can you
prove their enlargement. If however
after a colic. which has disappeared
the dampness remains over the surface
of the bronch. one can say with
certainty they are enlarged
They may be as large as an apple
& not be found when surrounded
with normal lung tissue
I am sure with always bad for
these rachis colic & the Rach
must be treated before it will disappear
African 311 Am. Manual in 20
In Spec. 311.



Care of Meningitis
beginning with symptoms of
Rachitis. now evolu-
ting. sometimes continue an
exceptional occurrence. It is a
common form. Belly now swollen
but cracked. The erythematous patches
left. after a attack more evident-
than any case but Meninge
can one feel the Acute so decided

Child 3 years old. Third
day ill. Really before. Now some-
thing days ago. Must have been
longer ill. Pulse slow & irregular
Rachitis. belly swollen. Large
head. A comb of Rach. & Meninge
over the right & contract half
together. Cold comfort. milk

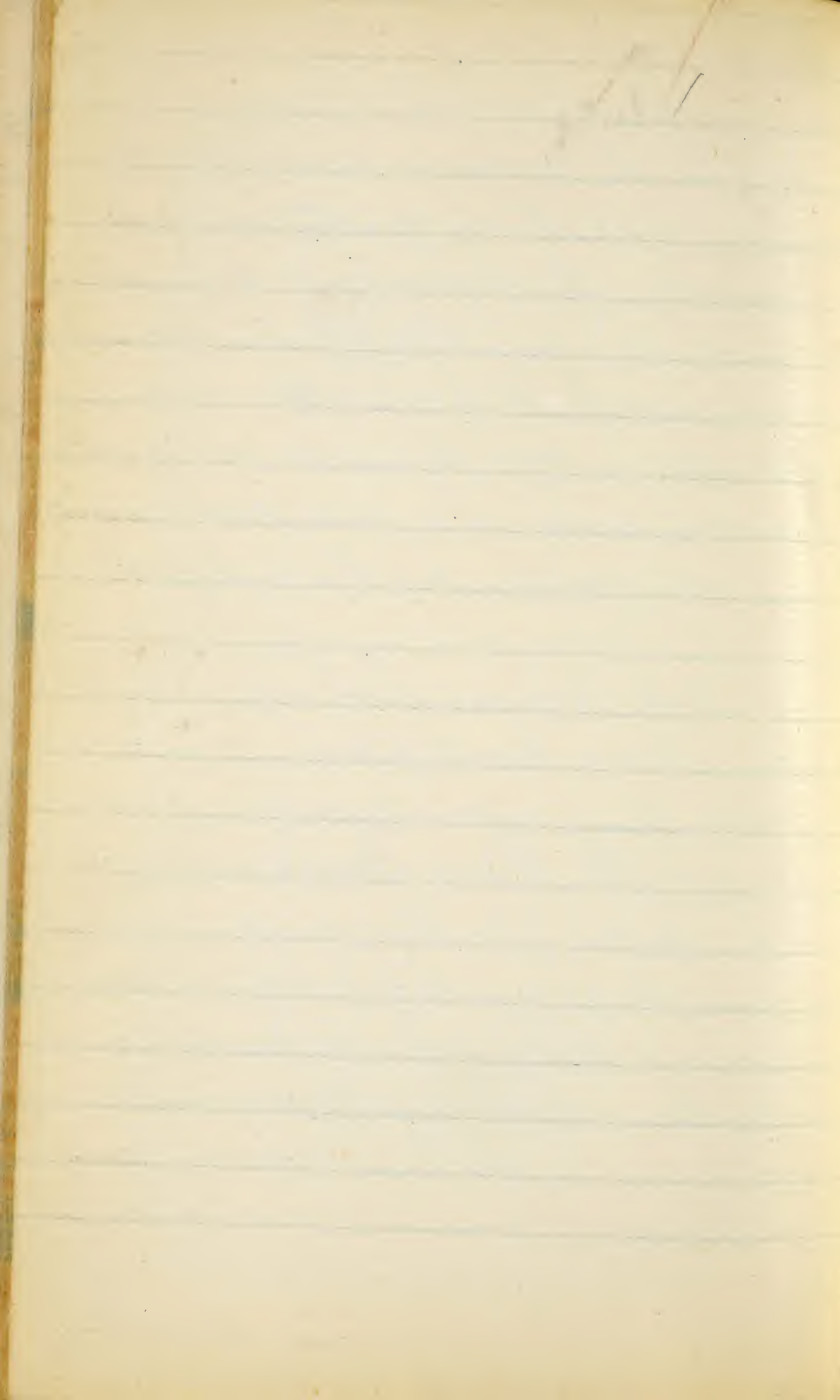
Specimen.



Rachitis (contin)

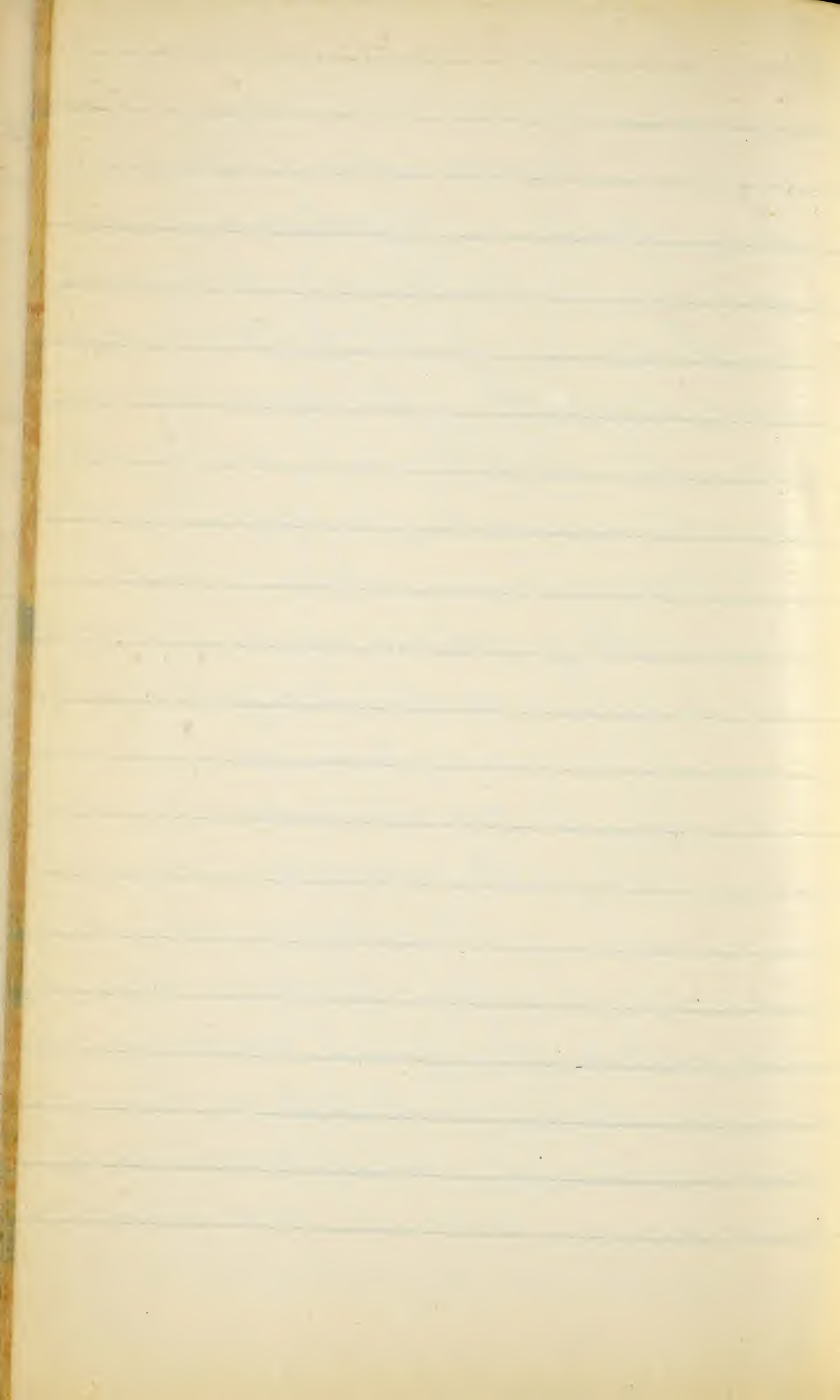
Symptoms

Come out in 1st half year
soft of skull in border part - not
ascent in last 3 years. Craniotomy
a soft of in bint part & soft
part of occiput. H. several on
the head. must be on a hard white
also H. moving in night sleep
in the arms when a bed
the warmth of pillow & pressure cause
the pain. On an air pillow
is much easier. Then can see it
in the head. The stump hair
gone behind - bald. Come
on in case of 1st half year. Come
in 3-5-6 months. Also 8-9 m
when not high find nothing
more. A second app is the
whenever occip. part and
laying a fork on & take
- painful. The parents inject
in craniotomy no pain. Besides
a green oozing of the font. They



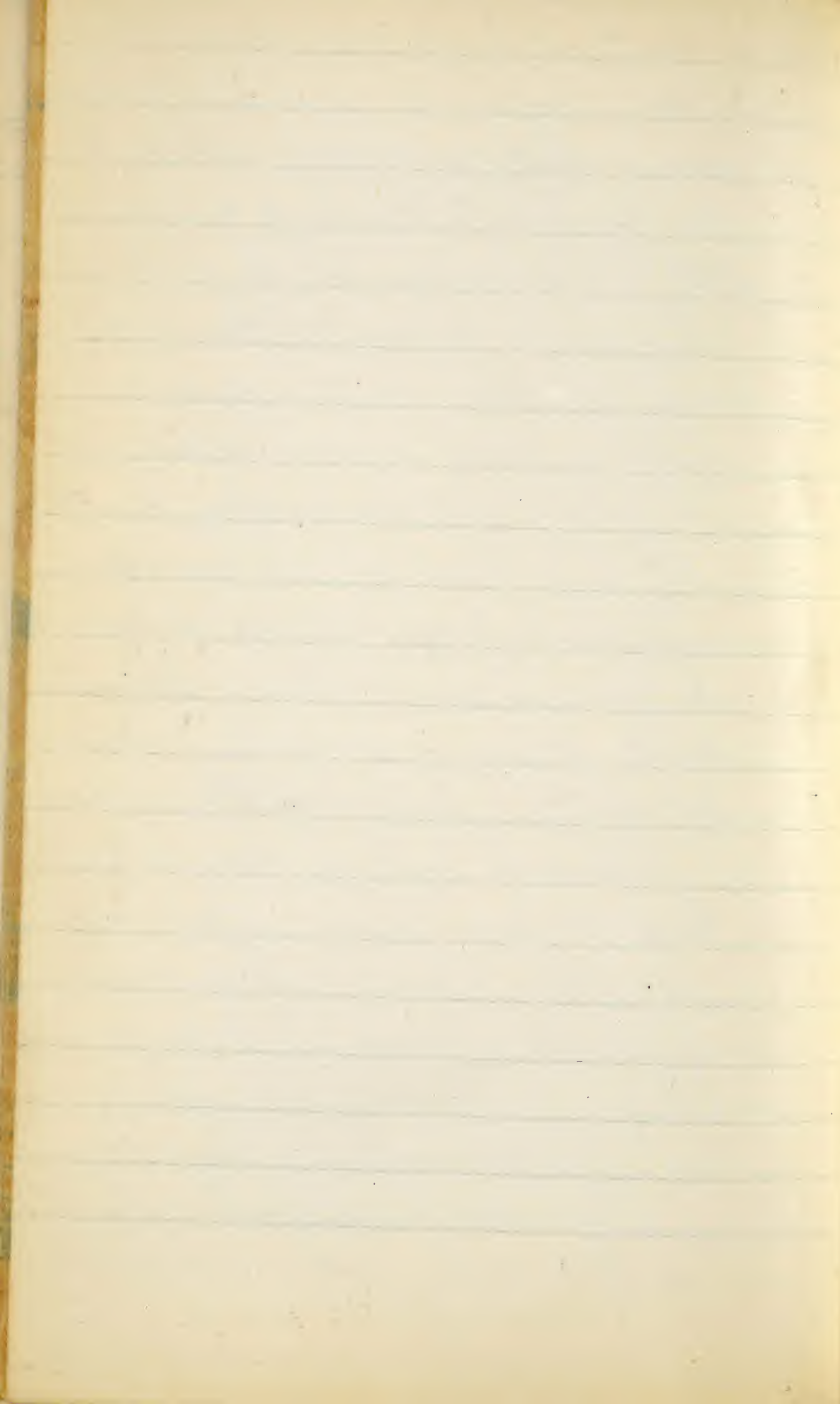
can. bet. 1 P. - 24 m. From
9 m they begin to lessen. A Red
not close. $2\frac{1}{2}$ - 3 - 4 y. after
of with the 1st D. still more evident.
Sagitt^{al dent} 3 - 4 m. united, in Nash
after 1 year. In Nash the white
belt come. Nash 12 - 14 m &
are both & they come then
over. was on the roof. In
2nd half year the Throat & back
warmer chest. When comes I hope
in chest. as far to the. Much
small. it stays is across by the
duplex & it enters behind in the
into in front & at sides. In high
grade in N. Throat. go at right angle
directly of Epipharynx. When begins
to is pain at union of bone &
cartilage. Lesser the swelling
between bone & cartil. The pores
of the air from outside also in
can for the rope with cartil
pore.

Verlet Nash. goes to one in



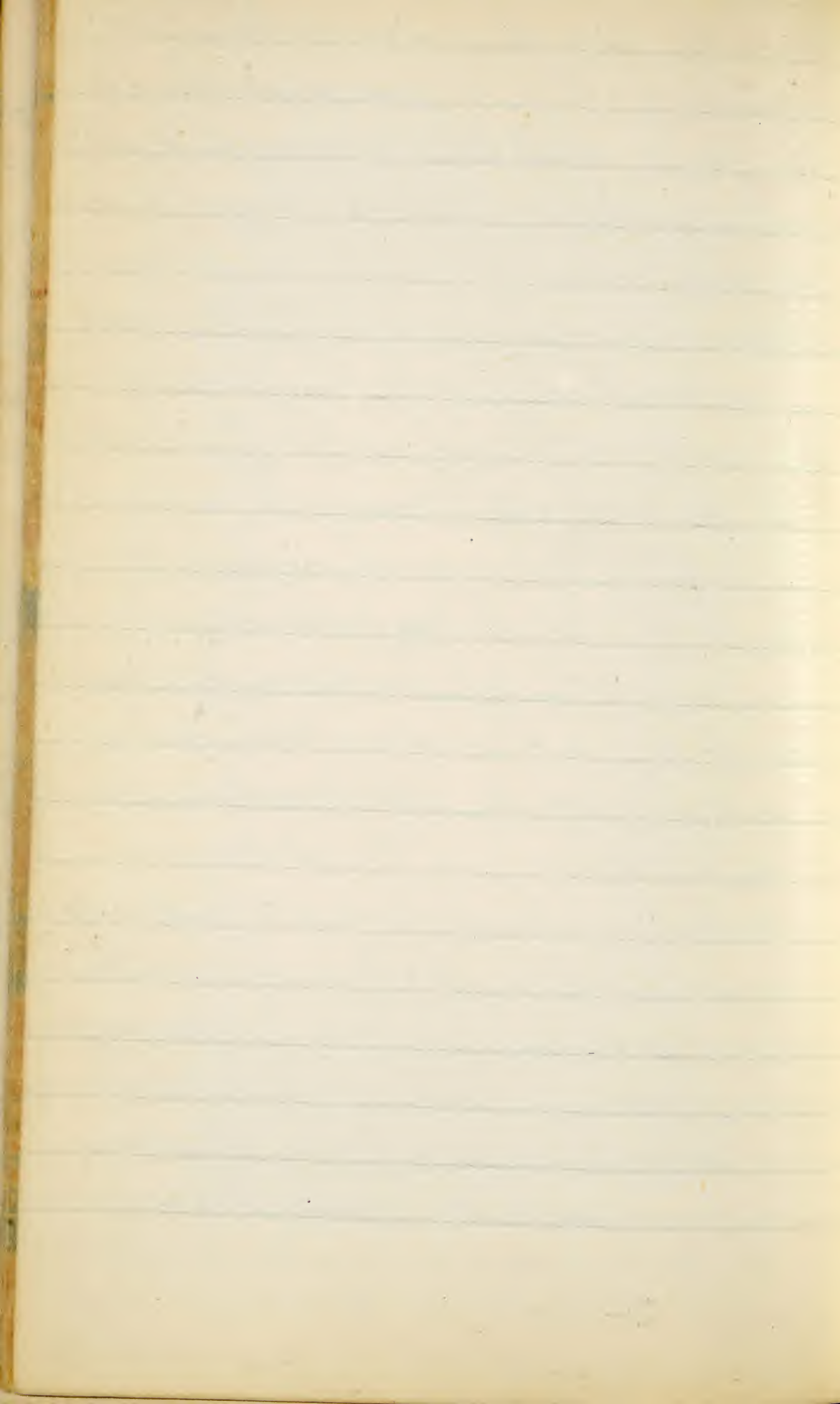
other side bend. Thorax back
at end of 1st joint forward
can be a scale. Thor. & no back
in all nature. after 1st joint
the long bones & heads in the
different ways. when left to itself
from motion for all of it.
the end of 1st joint ends the Radial.
The angulated. stomach. is another
peculiar ^{symptom} the radial may in open
such. ch. with. large belly & under
long bones. if all walk were to have
bent legs & so. Keep them back
from walking. & if they do support
them well.

Radial & Hydrocephalic Head differ-
ences in. In former & rounded. in latter
more angular from the angulations
which do not exist in Hydrocephalus.
No disproportion between skull &
face in Radial, while it is marked
in Hydroceph. by a small sharp angular
face. In Hydroceph the margin of the
eyelids comes on a line with the forehead.

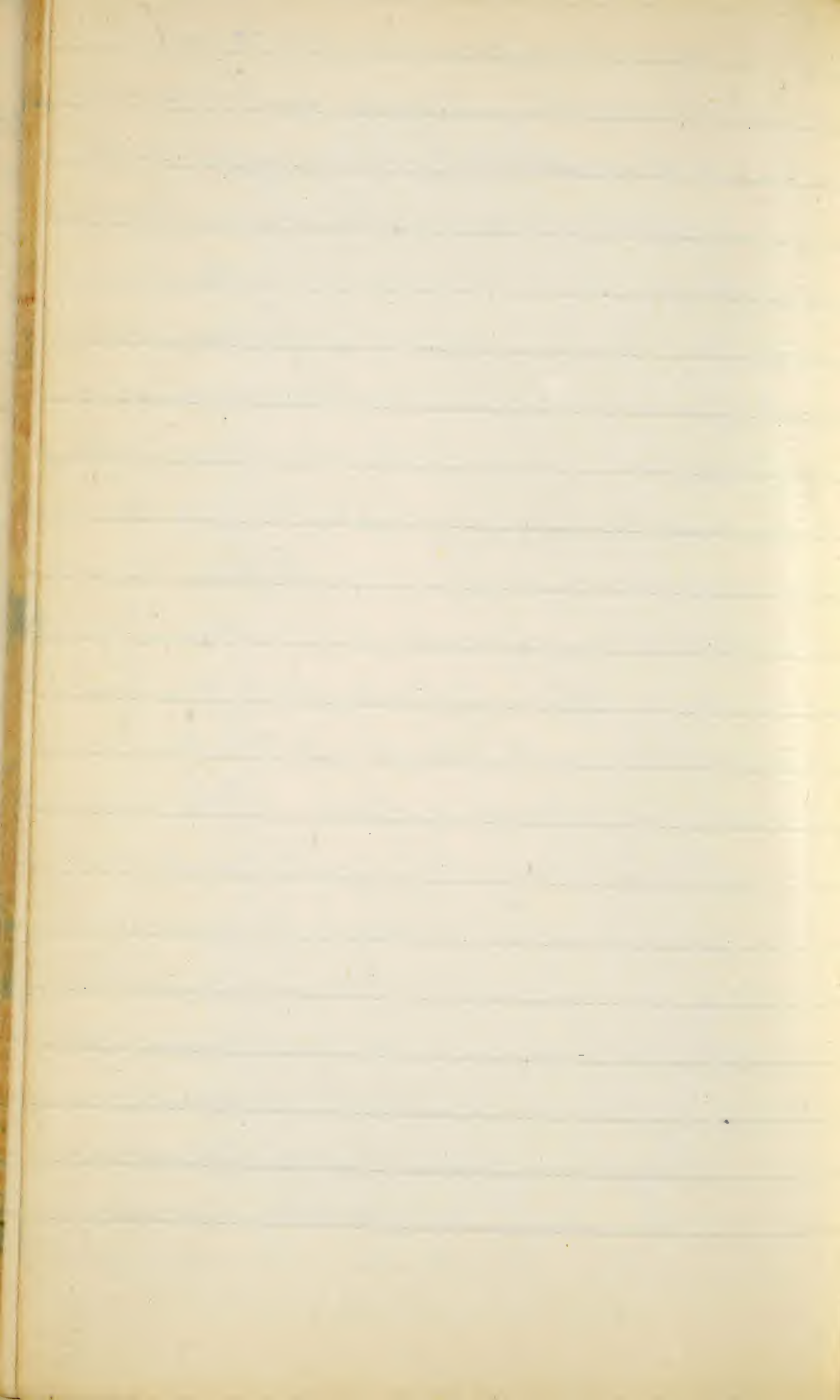


and the eyelid - upper - is parallel to
the surface of the cornea and covers it
half. Hy droceph. skeleton is small but
normal in appearance. The Rachitis sign
of the drum also apparent in the limbs
& thorax. Complications of the disease
are different. Sometimes brain symptoms
being prevalent in Hy droceph. Lung affec-
tion & catarrh in Rachitis.

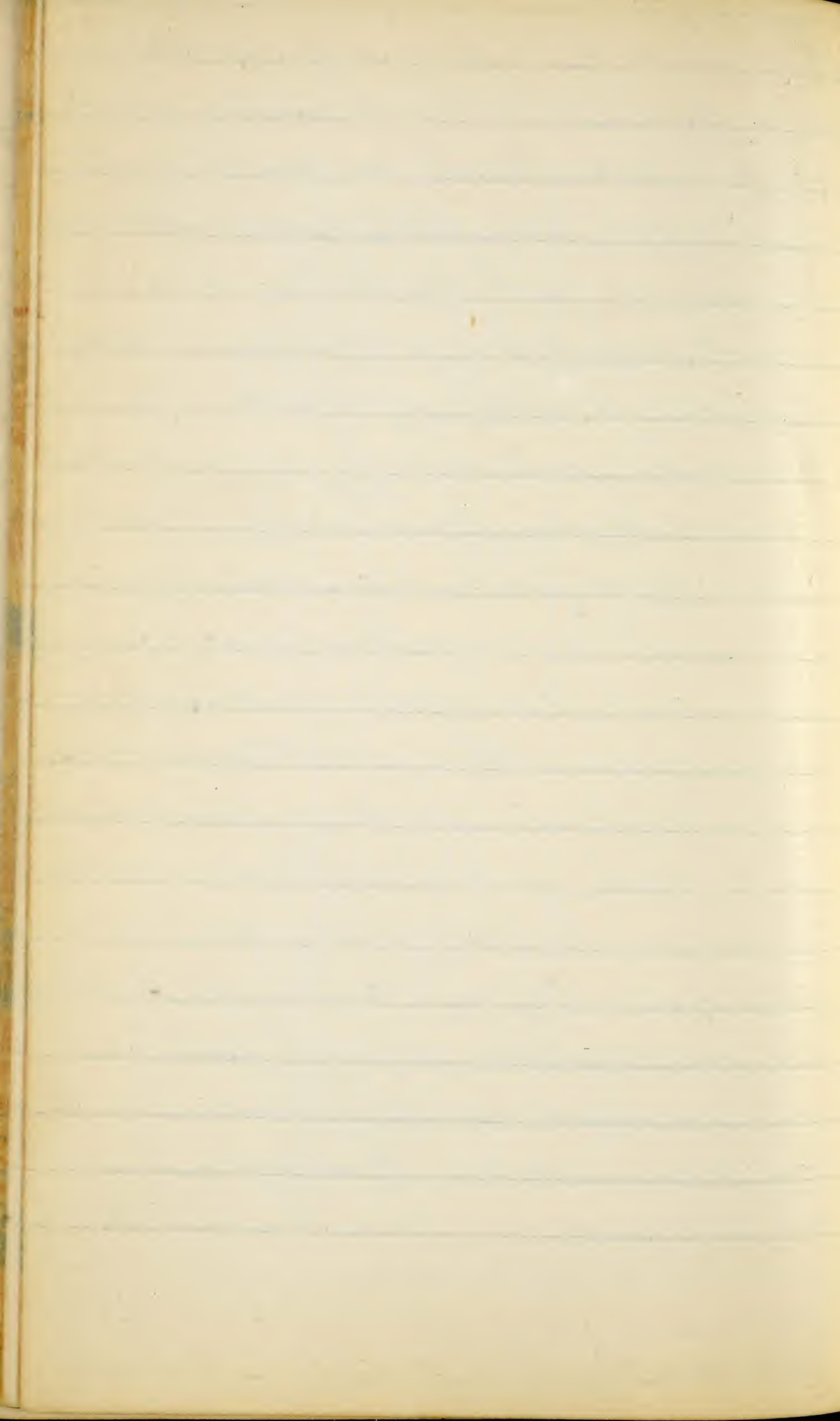
General convulsions in Hy dro, in
Rachitis more local especially Laryn-
gismus. Often a combination of a Rachitis
& Hy drocephaloid skull. In the latter
the sutures are always open, while they
may be shut early in Rachitis and
the fontanelles remain open much
longer in Hy droceph. than rachitis.
Complications, Catarrhal lung affec-
tion, with or without fever. Intermen-
al Catarrhs, also Laryngismus
stridulus which is a spasmic closure
of the glottis. Short expiratory sump-
tion & then closure, succeeded by a long
drawn inspiratory Convulsions



May succeed & become general.
It has its origin in the Medulla & some
think it dependent on Arteries of
that centre. Few children are affected
by it who are not Rachitic. In a
weak child it is a dangerous comp-
lication especially if it has a Lung
or tubercular outbreak at the same
time. Some ^{think} ~~affirm~~ ^{it} ~~is~~ ^{an} ~~acute~~ ^{inter-}
mittent fever, can occur only ^{once}
or again ^{last} 4-6 weeks. Cases are
not most plentifully in the cold
damp months. When the children
have to remain in doors. Sometimes
comes early 4-6 m. with faintness
most commonly, however, between
the first & 2 years - the period of dentition.
The Therapeutics belong to the Rachitic
& must treat on combination.
Bark formerly much employed, but
we think it useless. No opiate
chloral may be used in undoubted
cases of no lung affection. Cold sponging
on the head & chest 50-100 times a day
is the best medicine.



etiology. We do not yet know the
true causes of the disease.
But damp dwelling have a great influence
on the production of it. I never
saw children in the winter months
very liable to it here. Badly nourished
children less affected than others.
A small dyspeptic child of 2-3 months
when transferred to a healthy wet-
more apt to recover & in 2-3 months
may get well. The superabundance
of lactic acid is of great moment in
the etiology. Heredity influences may
also be a most reliable factor. I have
seen it in an almost youthful mother.
Therapeutic - Dose of Phosphoric
salt much given. It is now
experience has shown that with Fe.
& O. Fe. acell. the greatest advantage
may be obtained. The O. Fe. acts in
some unknown way. It is not the
fact nor is the minimum quantity
of Iron to be taken into account
of the Fe salt. Fe Sacch. carb. is perhaps



the best - Fe oxid. & K. chlor. are
also good especially in late measles
as they contain no acid & are not
prejudicial to the teeth
The Evulsion we use is the following

No Liberman in acute cases with
fever - use of. Sarsaparilla
Milk & flesh may prove the child
Baths. Saut warmed in the
even or on a fair day the child in
it. Sea-bathing good. Rock-salt
grs - $\frac{1}{2}$ to a bath. Table 2-3 balls
small. Bor salts
Cold sprays mixed of cold
water & rubbed over the body
as soon as day is good

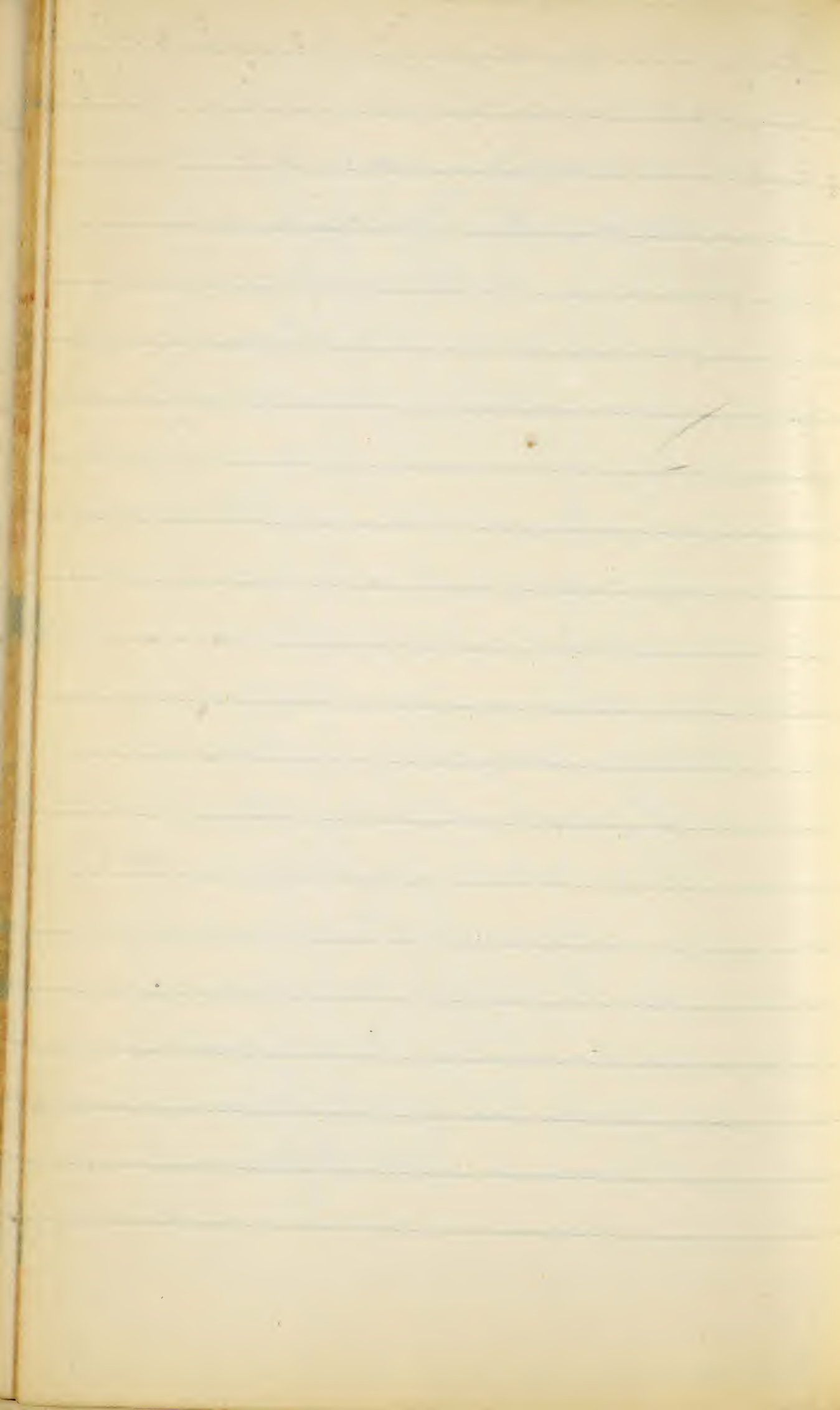
Before a child has much labor
it is folly to give it any anything
never before the 5-6 m. get if you do
all symptoms of. Intestinal disor-
der. In this case - a 3 m old child.
has inguinal hernias & widened
navel ring. Incarcer. rarely happen
here. Bruch bands some say. but ^{some} ~~poor~~
~~too~~ more. Lamer than good when
sleeping abate the pain. Navel
bruch. not much important. Bruch
of the skin and we plaster

Care of malarious Pneumonia.

Hyperemia only & treated. Linn. 4 gr
a day. & an inf. specar

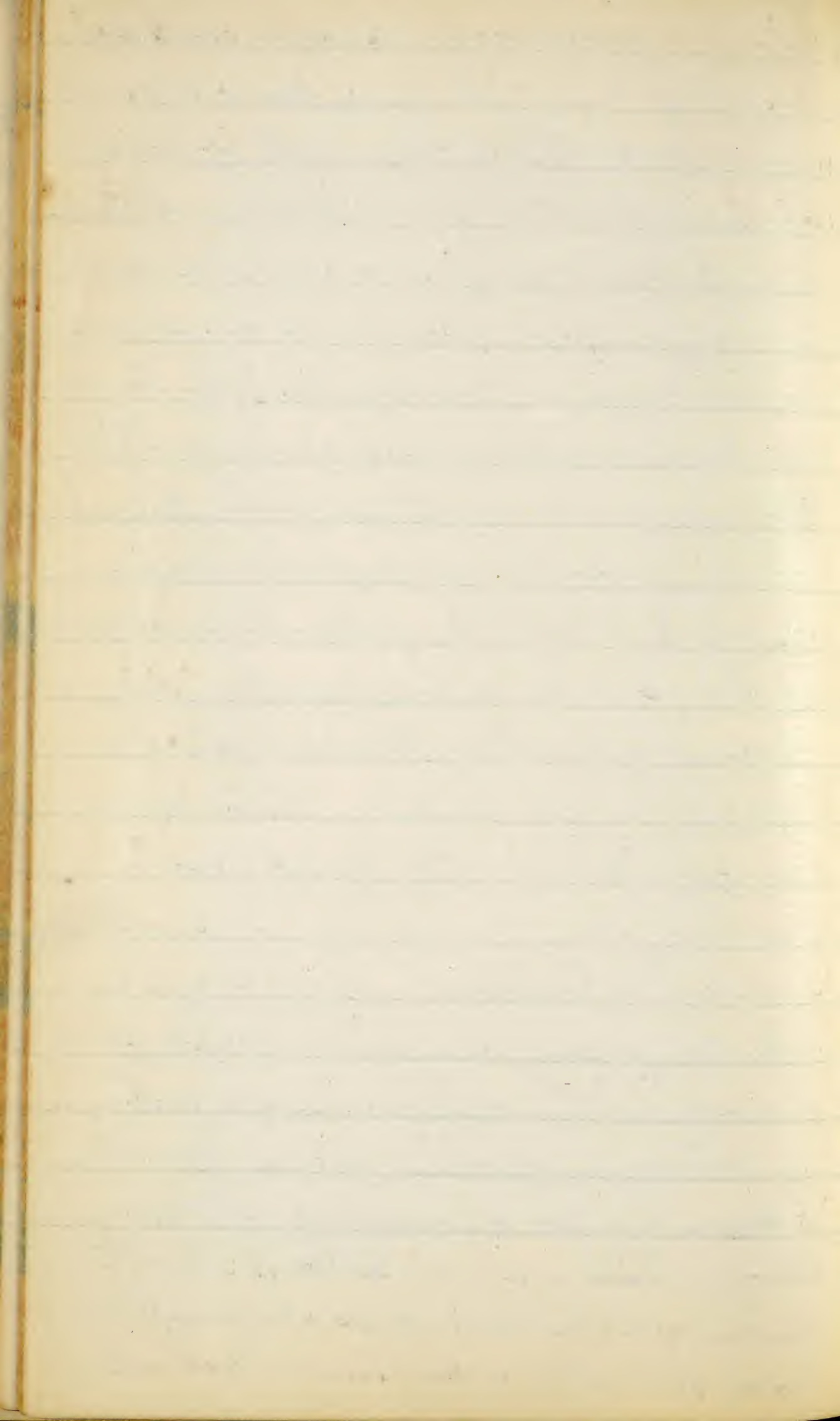
Pertussis

A deep going Bronchitis with acutely typical
course, with early ^{at} & ^{at} persistent cough.
a contagious affection, depending on the
microbe which is coughed out - May it
this a ^{strong} ~~mean~~ person convey? Not to be
believed. In same person will get it
only attacks once. True Pertussis

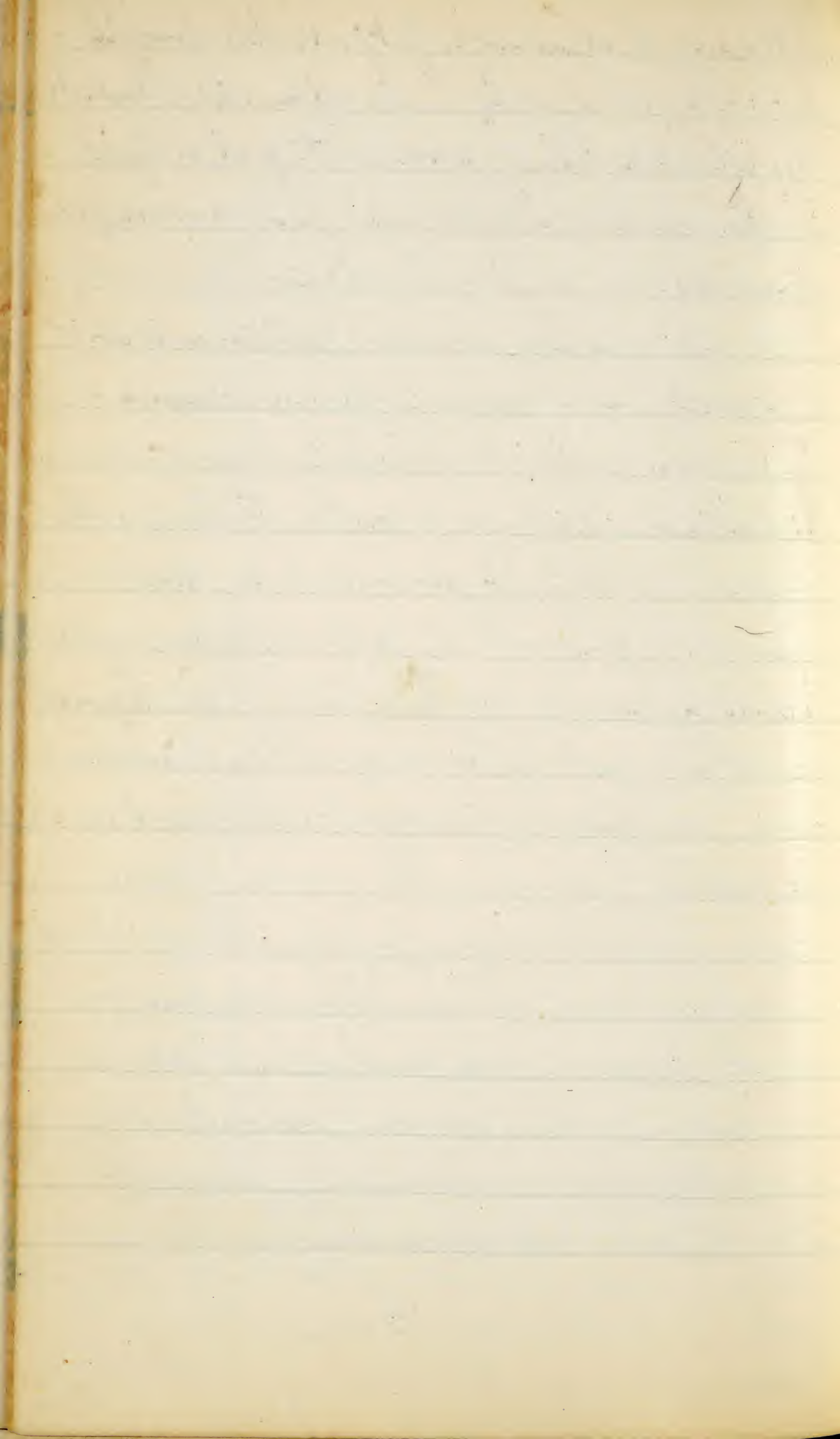


Before a child has

A relapse may occur a after an 8 weeks
- then 1-2 w. health. then a Bronchitis
may be very like the original Pertussis
but no more the typical course of Pertussis
invidious P.M. of the disease. May
a hyperpnea of the lungs. as cough
Pneum. diff & tubular. No peculiar
P.M. appears some say an ulcer on
posterior angle of sternum but
not character... The ^{the} period is
devoted. In 1st days no other app
but a cough. a common one, the
precursor of the Pertussis. In 4-6
days cannot say it is a Pertussis
The ^Ladder Cough. the cough. not
more & more from day to day increases
He appears in 1st stage. of our cough in
night. if fever free may be a ^{ch}irrup
pneum. all most ^{all} in lungs nothing
in 1st stage. when 6-7 days past
a spastic cough appears. Now
cough in day & sit up in bed to to it
more spasmodic but no deep inspiration
The face red in face. anorexia & catch

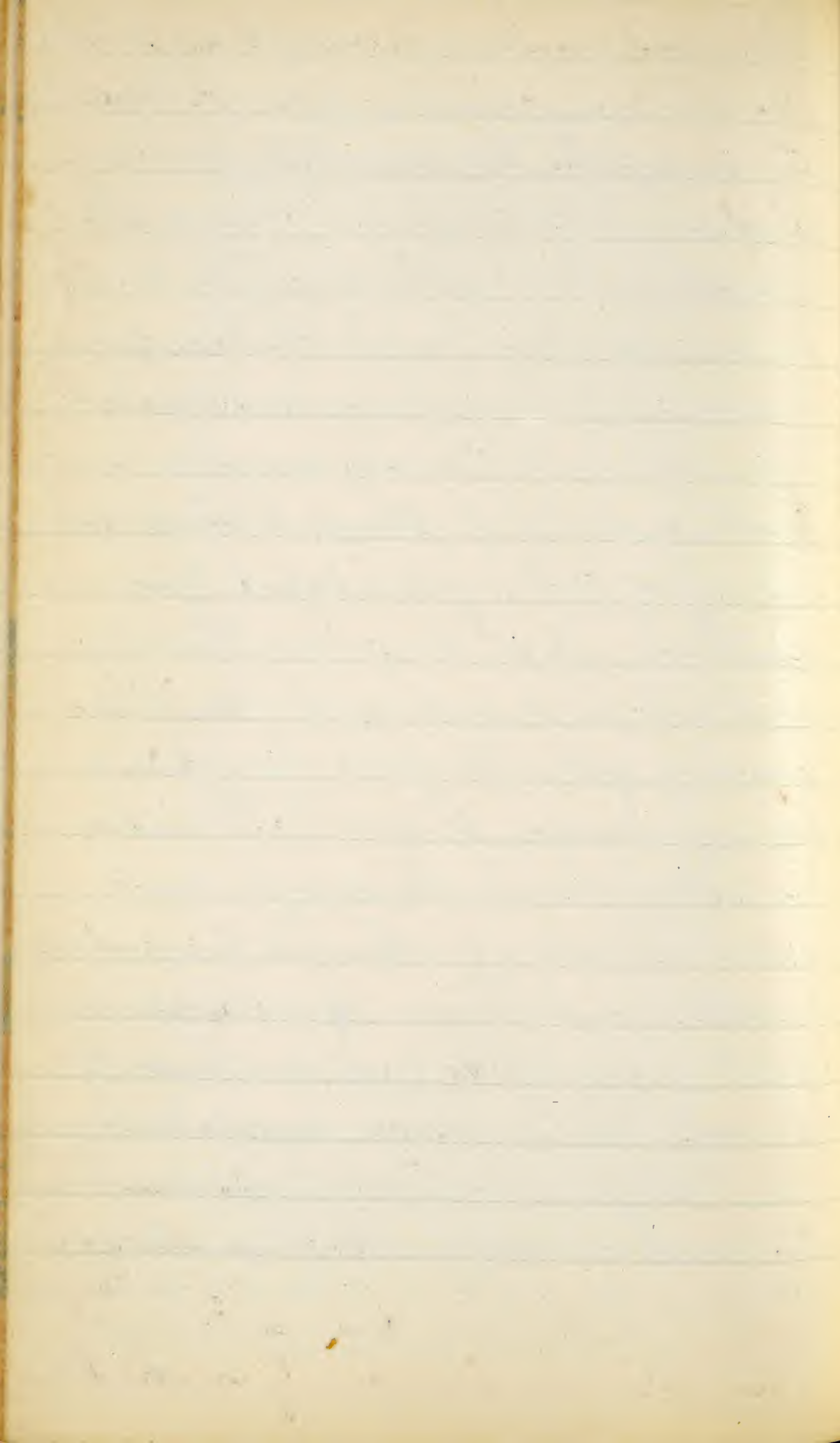


at the bed rails. The only danger is
when the ch. alls. cough. dy. then
the staccato expir. & then the deep
inspiration now only can say
you have a Pertussis. At birth
12-13-14 dy these peculiar affrs
come on. Following. aux, inquiet.
& one hears the m. ^{whistling} up & down in the
trachea. & from hark. & staccato
expir. & the high insp. & then the
short expirator. but include the
schleim comes out of the trachea
sometimes not till vomiting occurs.
This is Stacc. Cough. for 14 dy
to 28 in favorable cases. The
high cough & frequency. the Airfall
is relaxing. it is there & you will
not. now. Freq of attack. 8-10-30
a day in St. Cough. vomit not
ing the m. but the food. sometimes
to bleed. ^{vesicles?} superficial in larynx.
W. only need one can whe inter. Harsh
follow. Pertussis. Can without
comple. no danger. If wide open



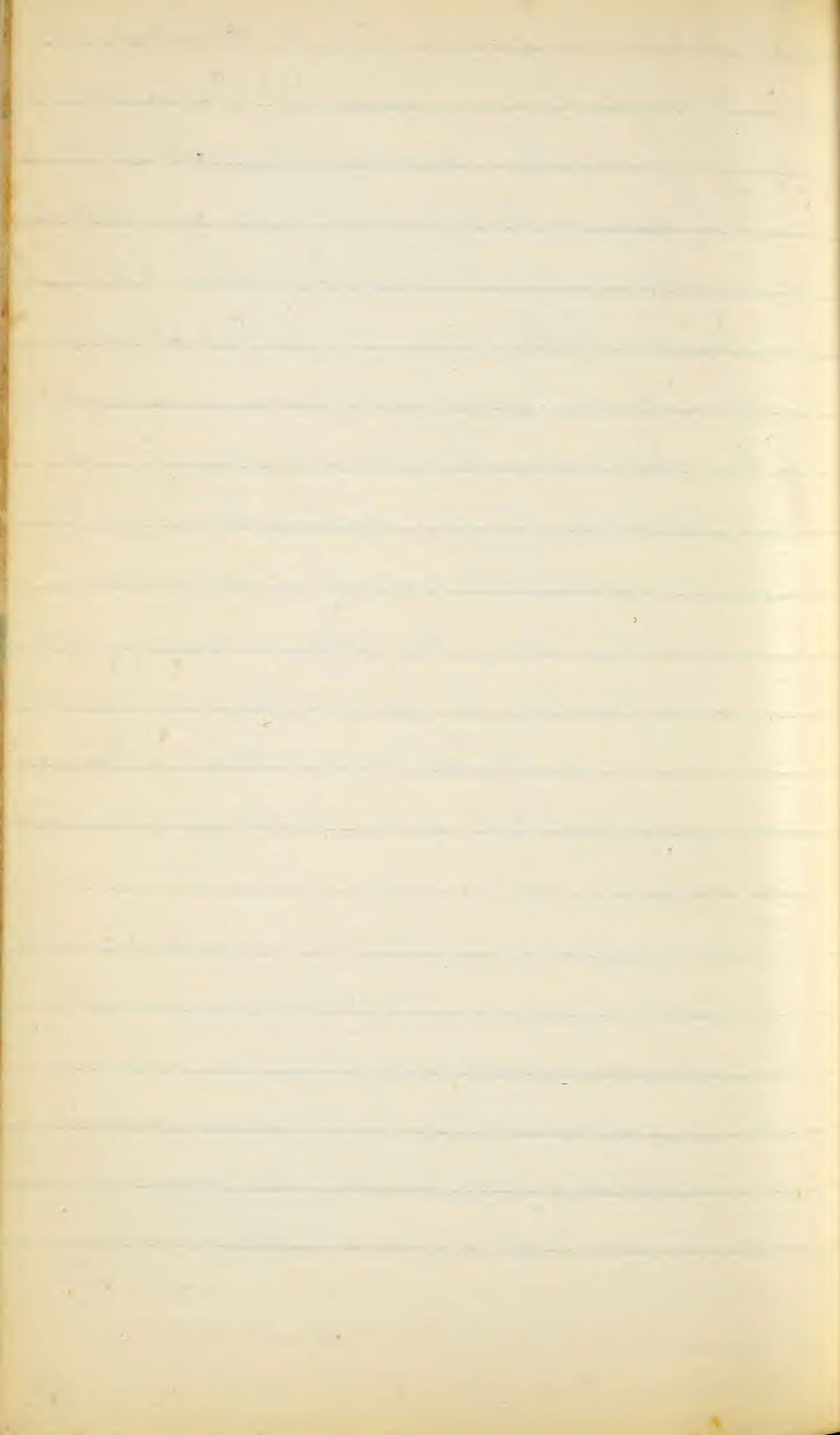
in Pneum. danger. If with high
per & capill but if Pneum danger great
as long as ch. vom. its food still
in stomach. Must give more food
or milk or cold meat. After this
comes stage. Bleeding. all at low
violent & as per comes. cause
a ^{yellow} purulent white pleur. membrane
the stage declines. hold their food
better usually ^{small} 6 weeks. in all
favor cases. In spring when alt.
more if healthy to be given in 6 weeks
but if in autumn ^{more} or more or less it does
not for 3-4 m. till good work
comes

Ed had convulsion for 24 hours
probably from infection as had
been asphyxiated somewhat. & had
chills. Brought in & given a man
- Saturday continued probably
one time. left male on the next day
is doubtful if not to do with a brain
disease. Better on Sunday
Chloral 1 gr per dose. in first day

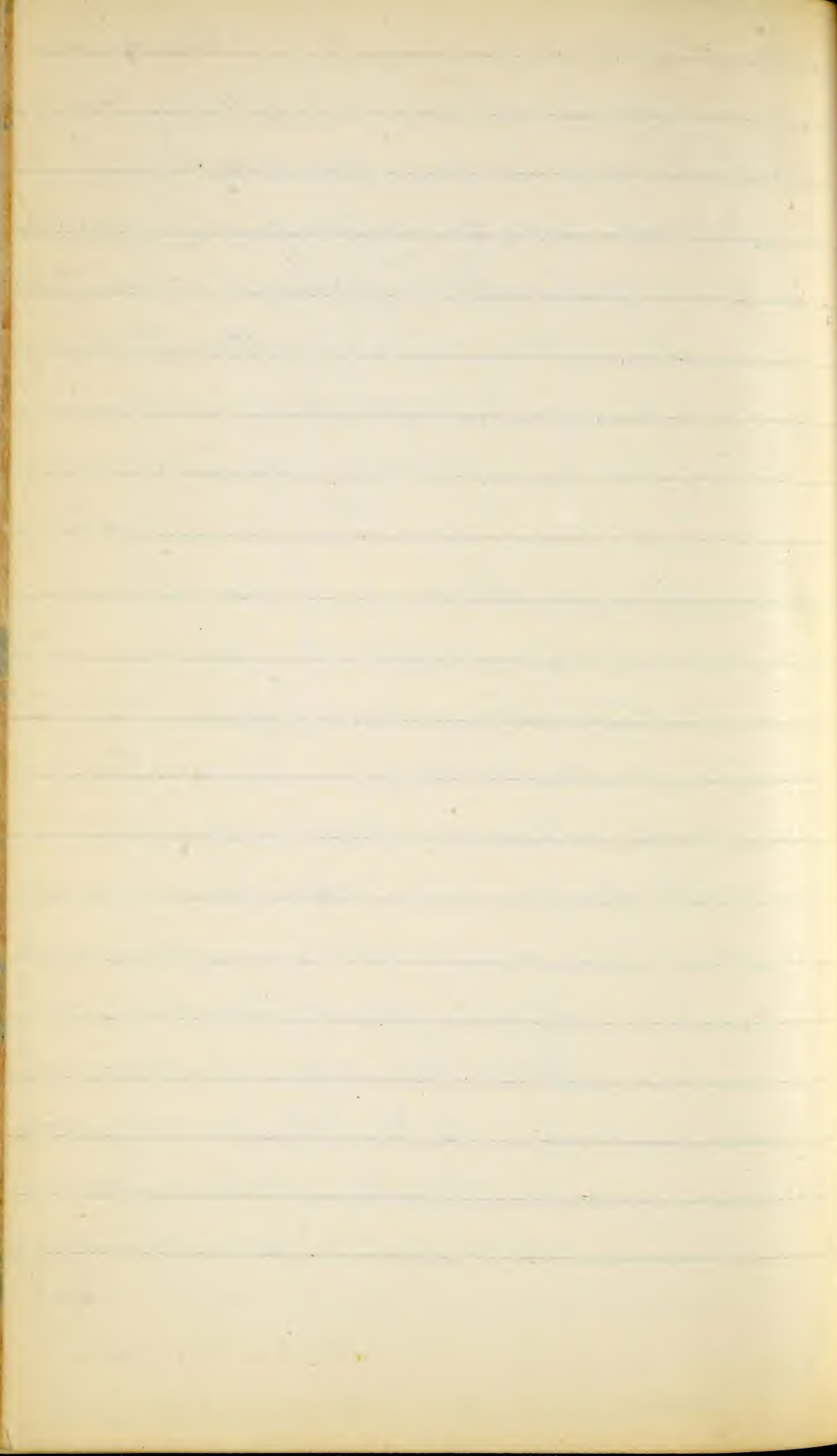


& 5 grs. 3 in second & 2 third
before drinking $\frac{1}{2}$ grain. Peppermint
alcohol 3 gr in 4 gr. And after meals
viii i gold. HCl. in 2 gr. a teaspoon after feeding
The best indication of whether a child
is drinking too much is the stools
pink, casein & coagulated masses
To hold the breast over $2\frac{1}{2}$ hours only

Therapeutic. Follow in 1st stage again
Calabar. Anti catarrh. Soda in
2nd stage. Then direct against the
attack. Narcotic given. Best is Bellad
in 4b. or 7 mit. Key in the 3rd stage
1 gr. salt. & best after when vom
appears come on. When vomple cannot
good but if strong. Bismuth & flu can
no narcotic. It appears of Bism
stimulation. In 3rd stage. best
mar. & bismuth. when Bismuth
appears or antispasmodic. All things
or Calphosamine. Cocaineal. in
who have been landed are no
good. The gas can also no good



a modification of the Gascolt or Benzine
as good. as inhalation. & gilt in the
inhalator. when much Bronch.
secretion was good. but of not much
secretion then fine. For good a 3-4
dy will be in service. a well tried
method is removal into another
place. A Patient was a much more
favourable case in the country
and fine air than when in rooms.
In 3rd stage then come one also what
for Turbentine employ 2 pints the whole
day. Do much with medium
and a cure the without complication
& you will do well. May drink wine
water Sedge. etc etc. No much dry
diet a moderate one. In late time
inhalation of germinic. Compound
air glass ant. is good. In Progress
be careful of a lub. mother or lub
a family sent quickly to a favorable
climate. Let us say. bronchial
plumbed subacute ment. Catarrh Pneum
& Cat. Bronch apt to come on



Artificial Catarrh. . chd 7. months old

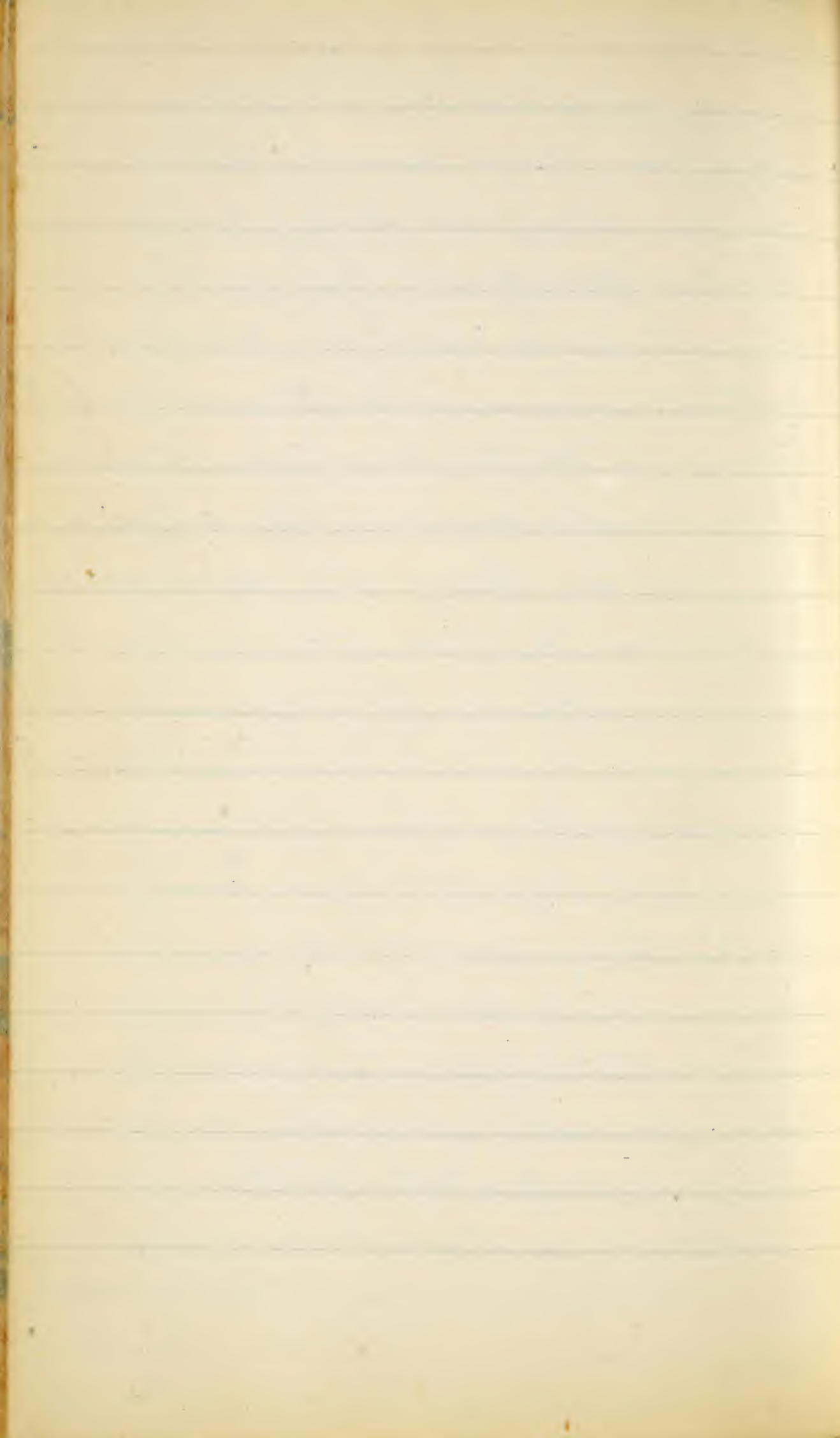
7 inst. Cuscumilla 8th XX

7 inst. Sassa 9th I

Agua cda 3 II

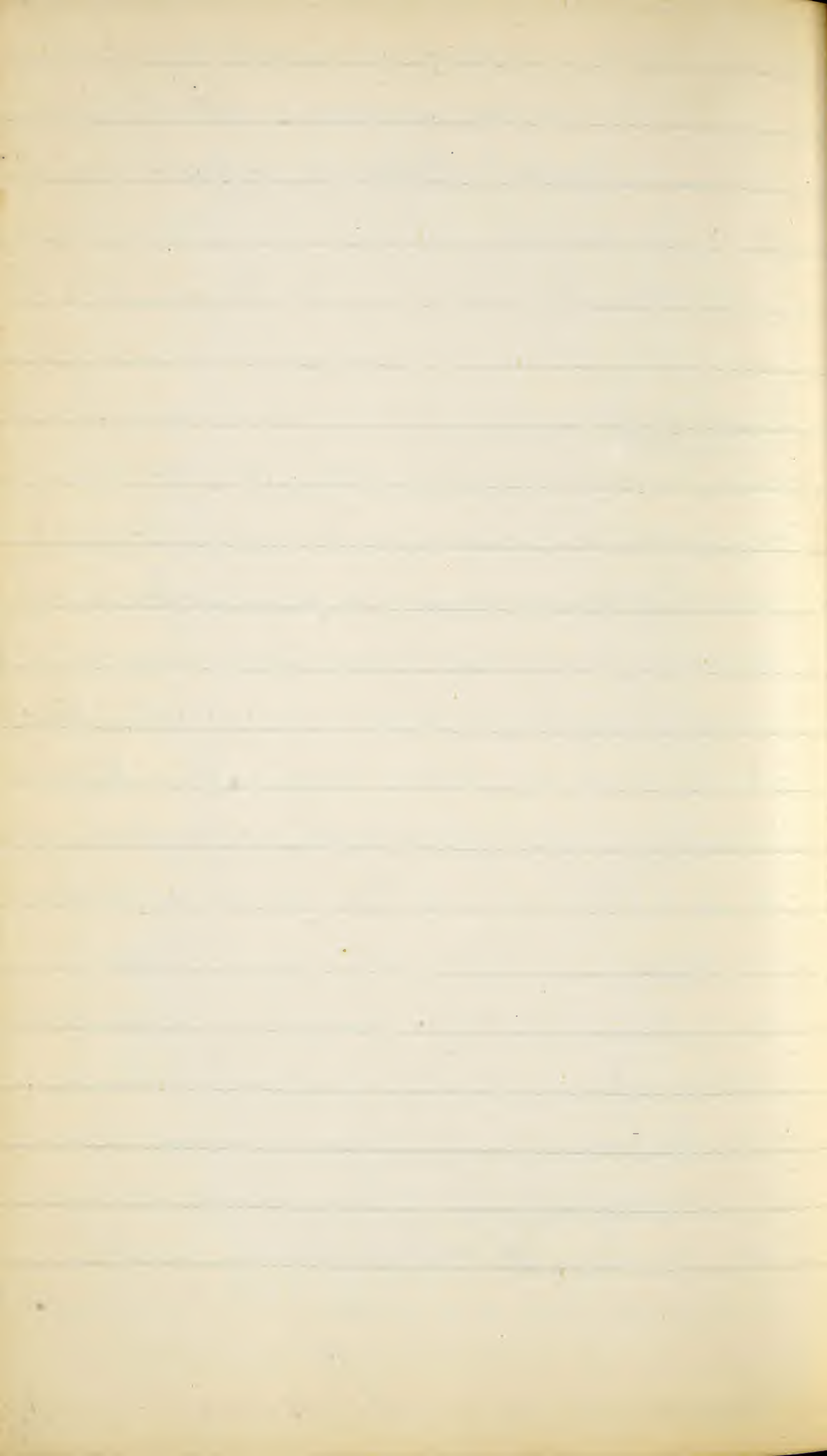
3: - any two hours

Pentostema not rare in chd. . Prim.
a part matts of life or from in utero
When one or two cases seen, still more
plenty secondary. in course of naval
disorders especially from gangrene of
may be circumscribed. In older ch.
asch Primary & Secondary. P. s. tuberosa
chronic one plentiful in chlding
& on section find the nodular tubers
the appear in life. Ch. are usually
enriched large glands. begin with
colic. pain in belly. & find nothing
else but one enlargement of lung. dement
ch. magent aft. & then fever comes
on comes out irregularly & after
3-4 week find a rupture in Bauch
& pain in moving legs. Affected
deficient. As a rule change the



upper lumen duodenum & cunclipate
it changes about & continues till
when the membrane peels, &c. an inflam.
about the navel & oedema may
perforate & pus may be evacuated
or other inflam. may be set up in place
or lungs go to growth. This inflam.
runs at the last - & such cases
as here can get quite well even
when oedema is about. In such
last place, in these child. the
lungs often affected in pleuritis & sub
Prognosis. mostly unfavourable
though the child will well with
pleuritis & oedema. Fever. Green. Arter
H. C. the oil

In first week of life. a diff. diag.
cannot feel the round of tumour
other appear. as fever. as a rule
it is common for this. along with
suppuration. under a tumour in belly
belly and neck. painful if touch the
belly wall & draw them together
They do not cry loud. Vomels & cunclip



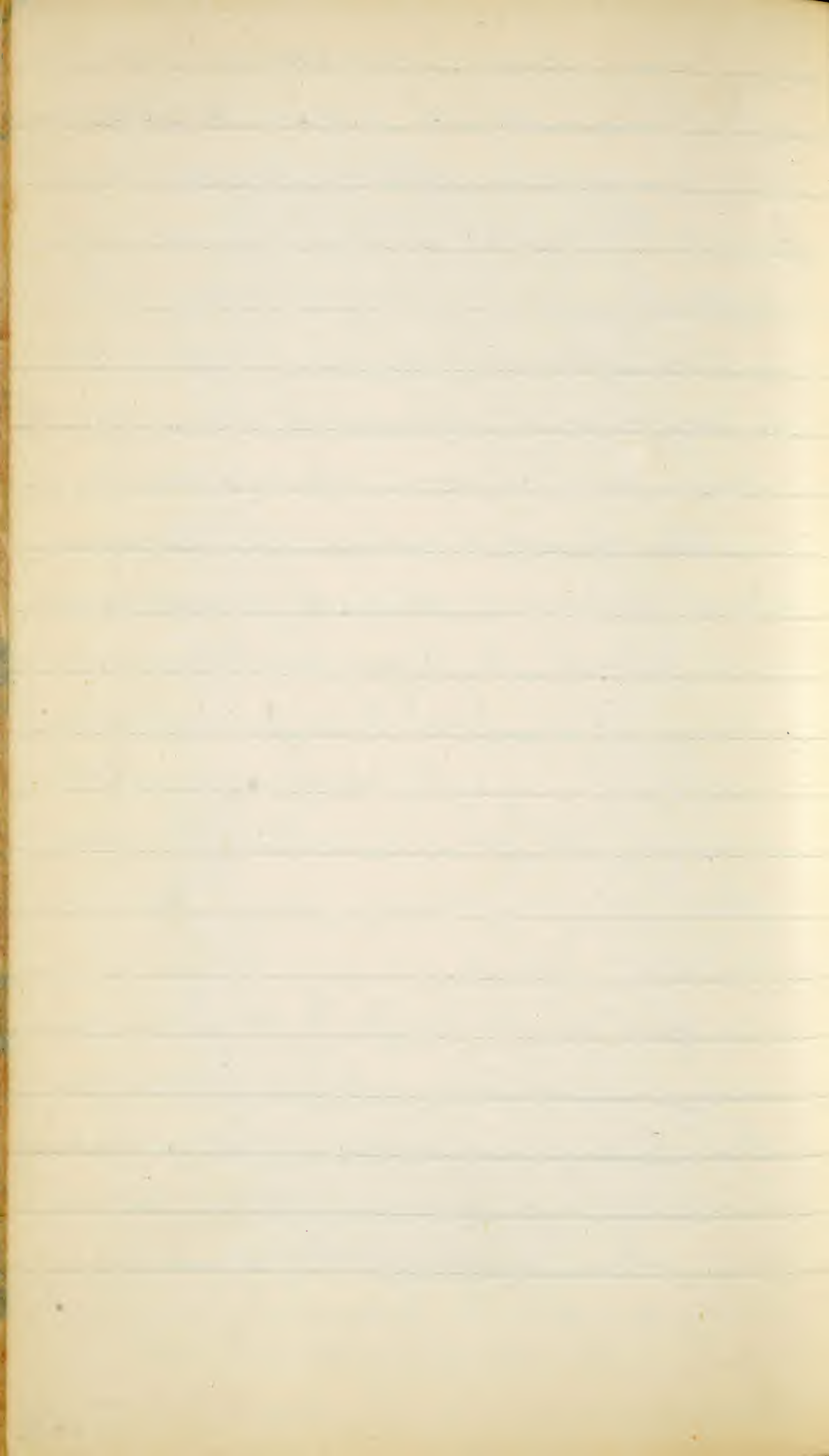
may be present. The amblyopia
few. Icterus short inf., ~~absent~~
painful belly, less crying.

Prognosis ally lethal

Navel diseases

normal curve is that in a short
time after they fall off 3-10 days
then strong H. full soon & v. v. v.
strong fat & much b. slings
on by the 14-15 days in weak cases
the general form. The animals
nearly all the rest.

Dysentery. child 7 months old
bloody stools. fever. 4 stools in the 12
hours. Have in this age for a while the
low blood stools. One or two greenish
stools. One before. during soft stools
difficult to retain or control in the
stool. during soft stools. a retention



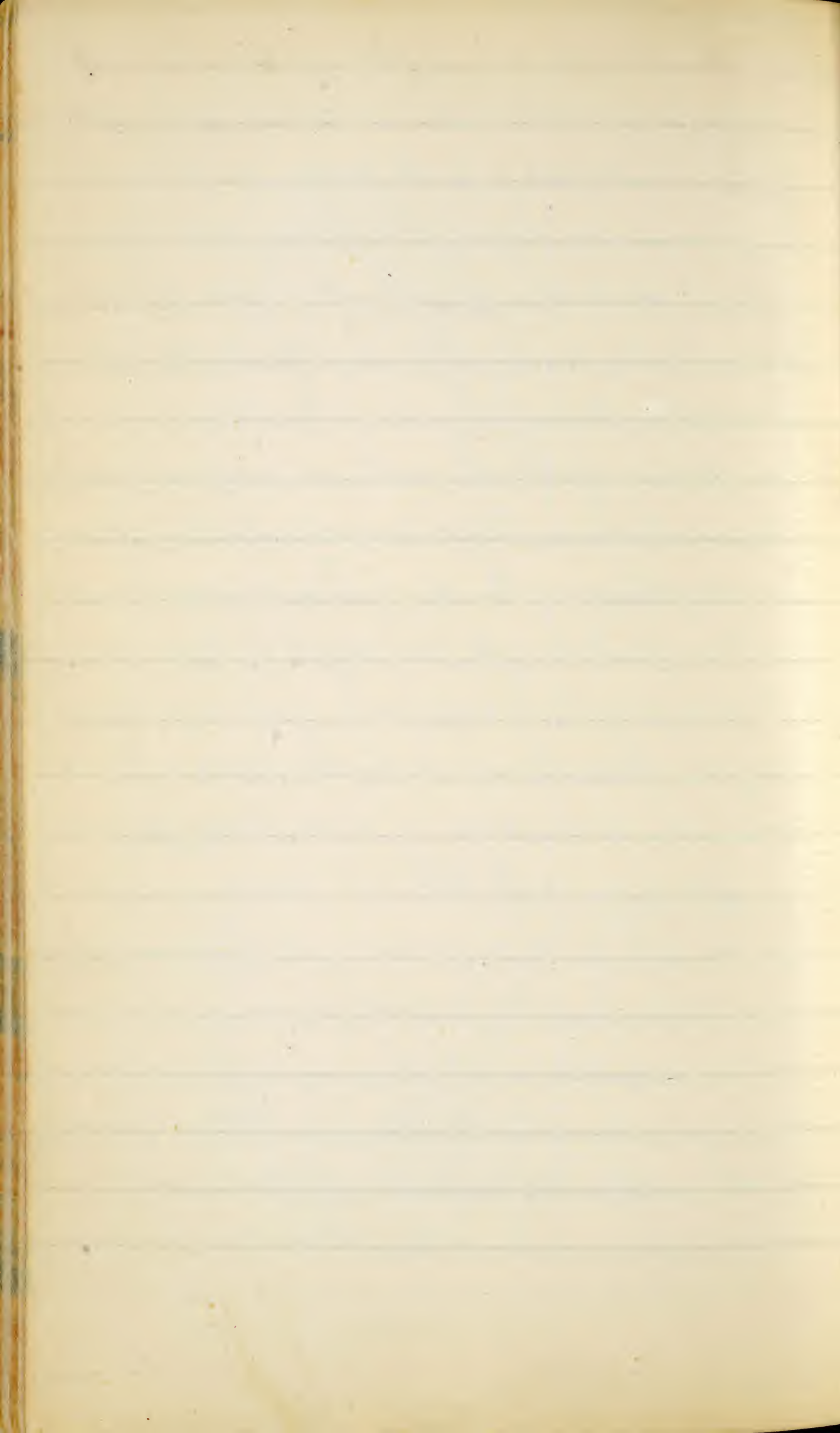
live simple steam cylinder cloth the 18 1/2
but when longer & longer as Astington's 7 am
7 1/2 ch... or as no₃ such cases. not held a
short time & not much action. There for
increased acidity. when last in four per ch
over 3-4 dy it will last 6-7 weeks as
it involves the whole. but I dare
The prime fault with... come clearly
around the dust but dy. growth the after
s. dyes... 3. ch. of starch much. only
the child after the dyes no more
than 3 tablespoons full. but a small
2 gill. of sand in 1 d. dyes. enough as
last only 5 my old. Pat Dec. 14/4
150 per die sat. all 3 1/2 + 4/4
I've cold compression. I change every
six hours. Sweeten the breast. feed
Tubing wraps as others app. as a change
is made. & with it open. Keeps about
pinked. & for the wraps. New flesh
there for. reduce the child perfectly
when last 5-6 weeks using the child
I such a child that after till till 12-14
years more on a delicate state &
not to get tubercular & not diseased

of digests. children & brought him at once into
a simple calamb. Milk is always bad
for these people.

meting. for supper the overfeeding
Dunk when on & on when it Dunk.

Paper 1 gr 3 pr chi

by to Dunking 2 hours in day. Cooks
morden. Now. Kotic. not to be done
with a pure Magen calamb. In sucking
the first day long & coated. great then
with out milk. half to not. branching
the nose in sucking age. & be careful
not to confuse it with a meningitis
of subacute & on go over to the double
& cream. There common in 2-3 year
old. Magen cut. coated long much
2. - 7 hours. Now the same
less. & reduce the milk. Bitten or paper
child with aggravation right. Kotic
to long ch. not 10 gr. for 2
said to be the most benefit. good
the 70 pr. for 24 hours
no antiseptic moved. the child is reduced
good nourishment so on

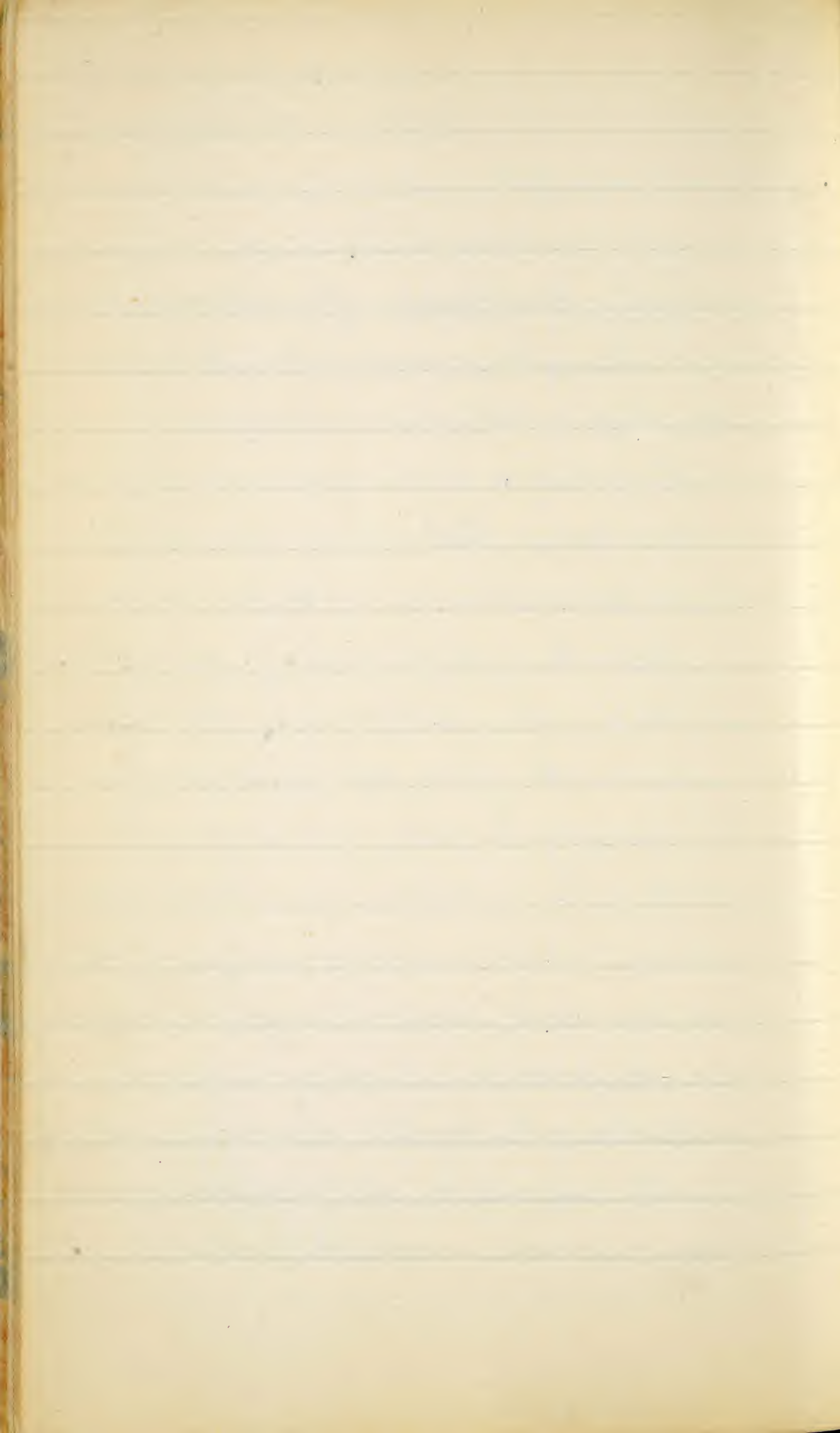


From 2 gr of 3 1/2 oz. 2 lb an leafy
in favor of. Much more in child 10 M.

Plants Ch. greenish.

Same. before the onset of fever
the variety is a prominent example of
small white - leafy plant

^{in child}
Cranberry (Rachitis very common)
from Libby's. It will go a good
fine section 3 of the acc. 3 of the acc.
some of the leafy part. Other more
the smallest is the best - strong get.
flour - thick and be more ornate
aft. Magna. with a large point
full of white. dark. C. of Magna
9 M. powder. a good leafy part
a small med. - P. of leaves. with
a little. Put jalapine. Jalapine. more
1/20 gr. raise good but stronger
Chyter not purple in lying
Supper of it. R. & C. of butter good
of large mass



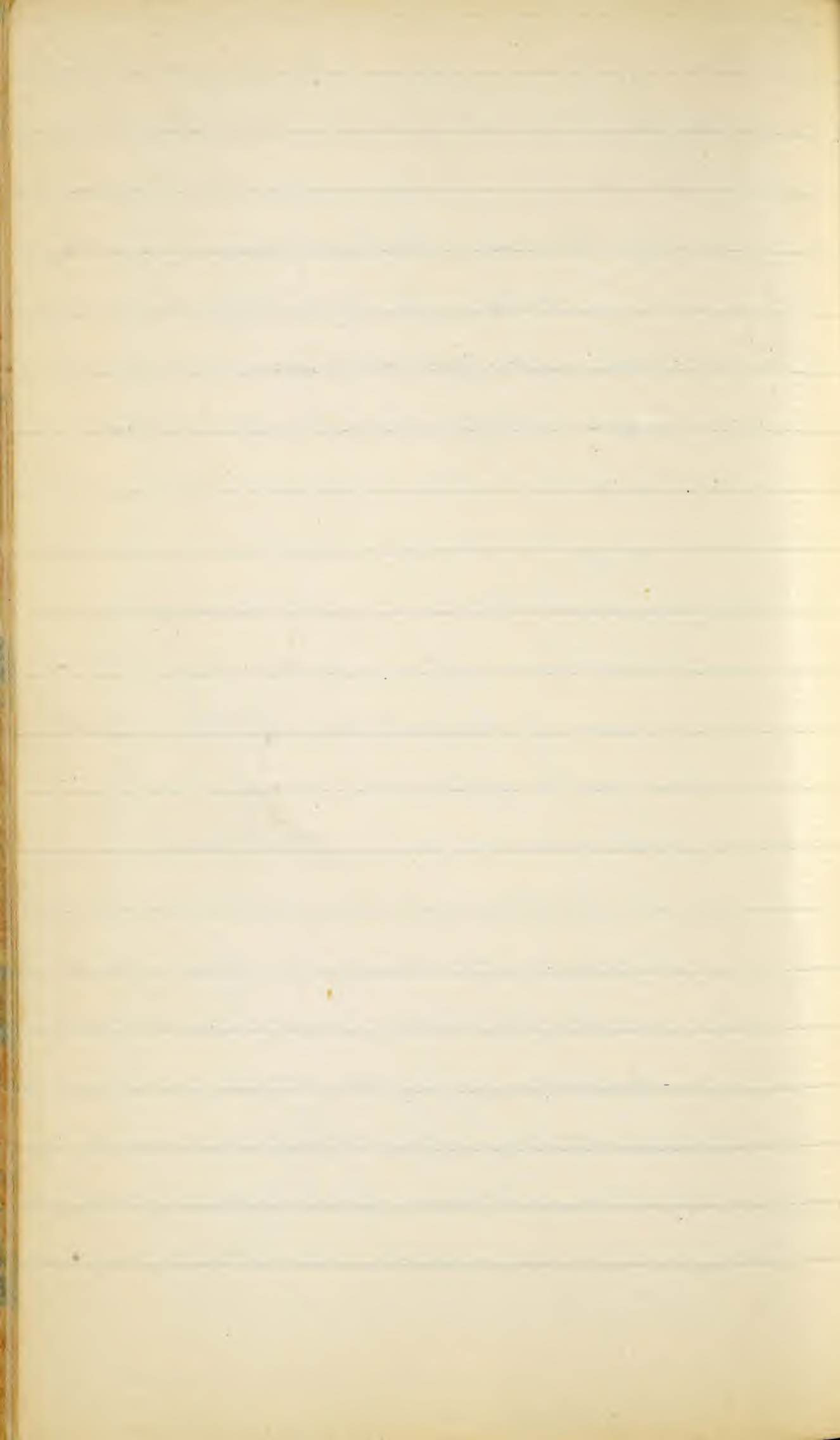
Agaric stool obtained with agar
Lactobacilli. Diet of importance. If
on the brink not too much starch
fed. & in older age not much bread

Pleurotic condition in child
P of aches. Rtg $\pm 3\frac{1}{2}$ for child
5 m old

Profound spectral at a cough accompa
the about of condition in pleurotic a child
of 3-4 years. 2 g. & 1 (canal in child)
3" of Muc. Gummose

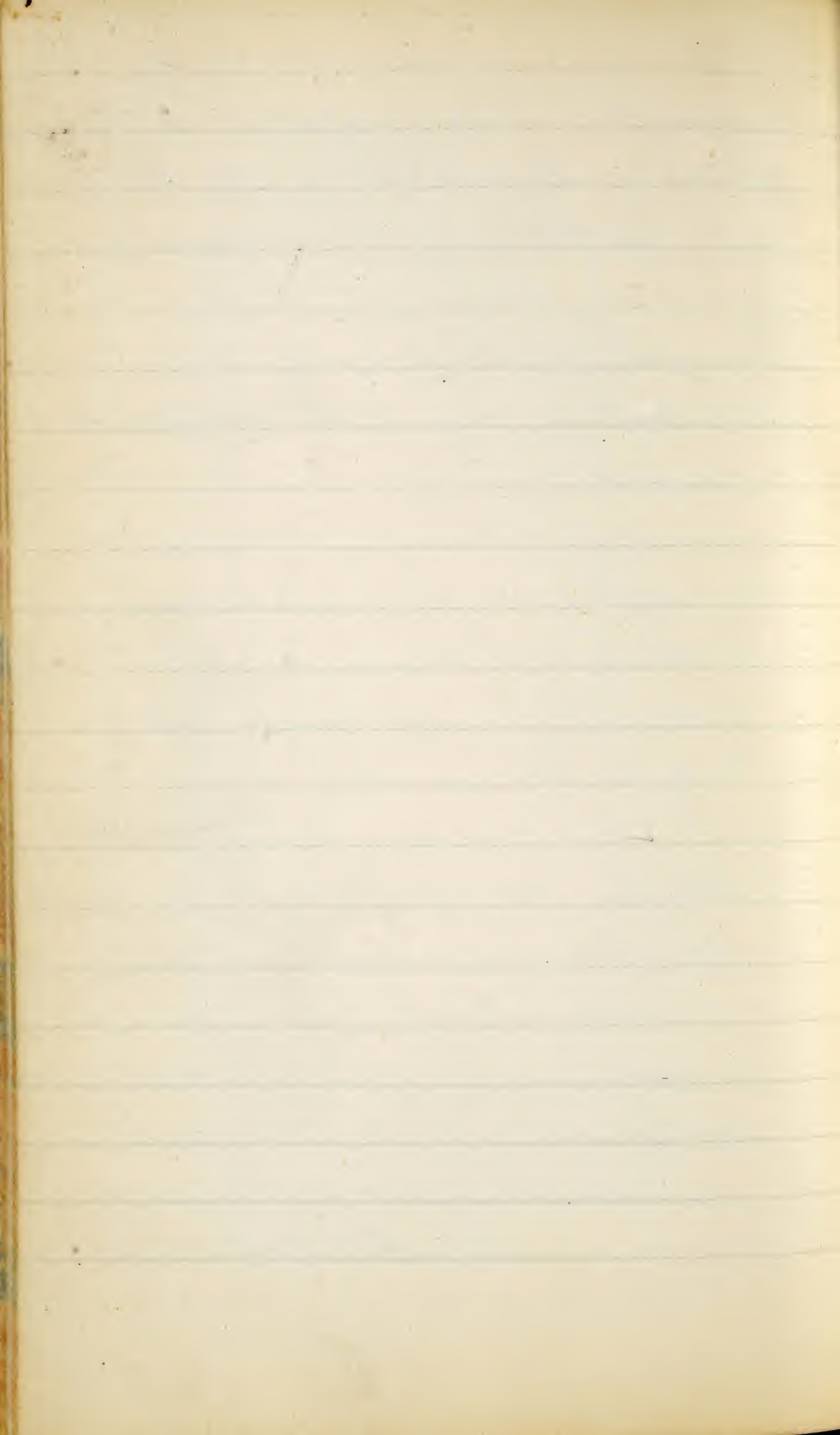
Caused by $\pm 3\frac{1}{2}$

Catarrh in our own child very large
out. & about xanthoxia. comes on
he on one side & then on another &
change in course often. When the mucus
dis. get weak & c. after, comes on
& due to it. In these cases it is
try stimulant methods & can over
see after perfect ankylosis he comes
on aden of brain also according
Progress. The more just the



chld. the worse the progress, the earlier
the cure. See the blue lips, purple around
nails, pale congested respiration. In begin-
ning respiration by 4 p.m. on the
evening light embolism not seen much &
should be careful less full to. Herz small
Arteries prepared before 3ii to 3ii
& 15-20 grs of h.c. after also
a Camphor & Menth. Cold compress
in face. A warm bath & sprinkle
water. a mustard bath Menth. use
for 2 or 3 hours. The last respiration
is clear of the trachea. In most
cases will succeed. In desperate
would be the motto. Herz, for 36-48
hours. For the asph. & cyanosis leave
them alone fever & any little
coughy chills. Older ch. somewhat
diff. & not so dangerous

Prevention ch. 2 grs. Quinine 11 grs
to 3 ii. & 1 hour in coffee pot



Infus Radix speciae gr 2, unc $\frac{1}{2}$
Lig ann anis subt xx'

Hum sulph r. gr : 3 $\frac{1}{2}$

Ext Calundo 71

Ext Opia gr 2

in 12 powders 3-4 pro die

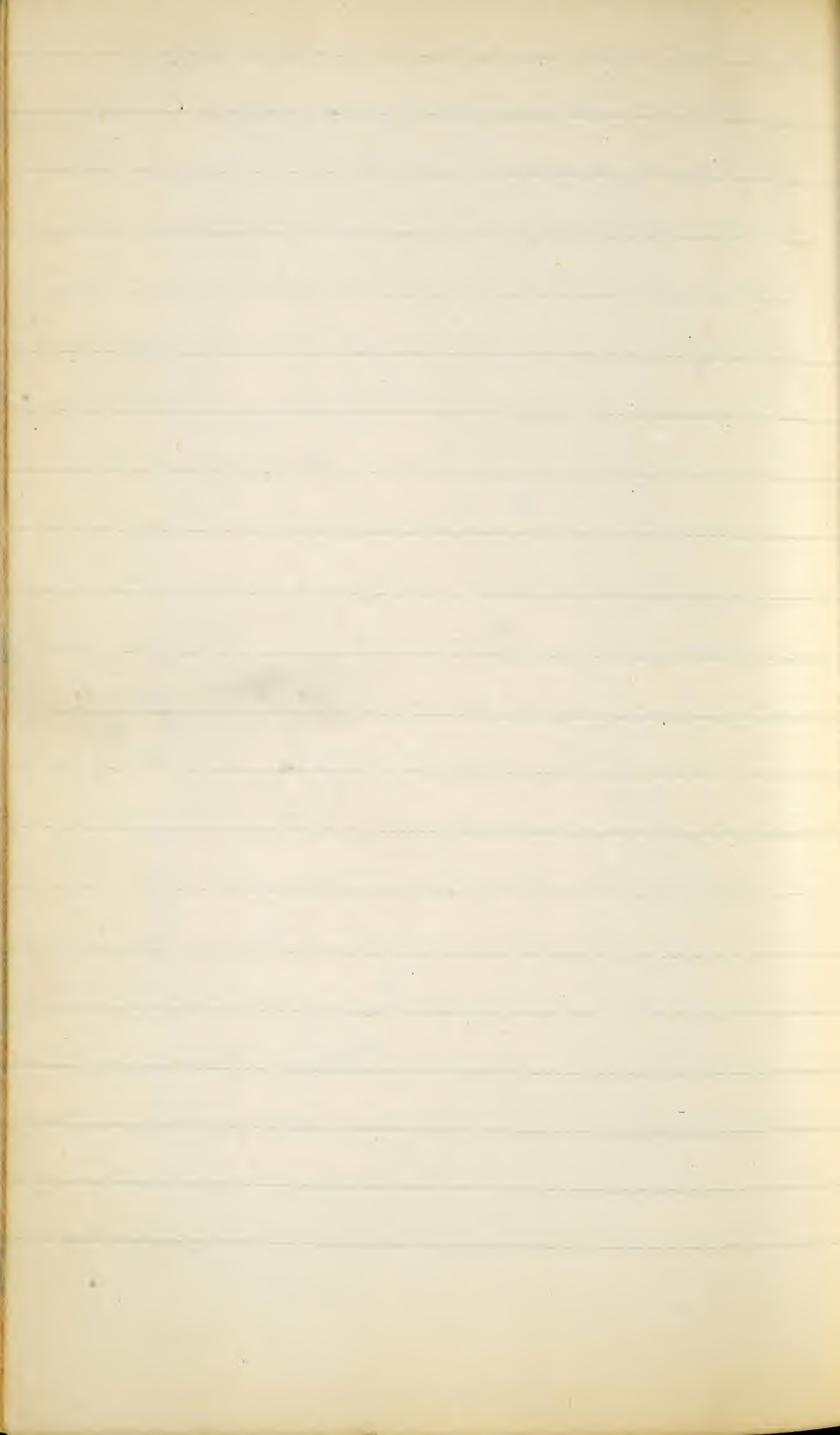
Ferr carb sacch gr 2

Cold Min. bluge

Toracac of Prunum 12
per old quib

The boracage form of aphtha. a true
Diphtheria form. It is on the tongue
surface & heals only after ten days with
a cicatrix Box at 3i. 1 3 $\frac{1}{2}$

Pharyngitis ch 4 years old
ecchy. in the compound & on the
eyelids. 4 gtt. Bellad a day



Interm should seldom be used in children.
The new formulae are very hard for
4-6 weeks & may cause apnoea. Go to
formula but go & show that only a narrow
margin exists. 6 gr of bicarbonate
over 3 days. some formulae & a

The congenital enlargement of the thyroid
is almost always dependent on
enlargement of the venous sinus in the
neck with or without an enlargement
of it in the organ itself
or even in the vessels & plexus surrounding
after the birth. Took at the clinic found
scaly masses then a bad prognosis in
extreme cases. probably without the
prognosis good.

Handwritten text, possibly a date or name, at the top right of the page.

6 6 1

$$\begin{array}{r} 57 \\ 16 \\ \hline 812 \\ 52 \\ \hline 20/832 \\ 411 \end{array}$$

Box 18

11. 11. 1881

20. 11. 1881

11. 11. 1881

11. 11. 1881

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135.6

2

1

10.9

72.6

6

3.12.6

6

1.1.1

1

1

5

18.0

1

20

